

Correlates and Consequences of Relationship-focused Coping:

A Within-Couples Examination

by

Teresa Byrd O'Brien

B.A., University of California, Santa Barbara, 1977

M.A., University of British Columbia, 1992

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Department of Psychology

The University of British Columbia
Vancouver, Canada

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ABSTRACT

The primary objective of the study was to increase understanding of interpersonal dimensions of stress and coping within married couples. Using a diary methodology and a matched-pair hierarchical linear modeling (HLM) analysis strategy, the study examined how stress and coping processes unfold over the course of a given day and across days within couples. The study investigated within-couple variation in daily stress, coping, coping efficacy, mood, and marital tension. Special emphasis was given to the examination of the correlates and consequences of empathic responding, a form of relationship focused coping. The results suggest that when relational outcomes are considered, empathic responding may represent an adaptive way of coping with everyday stress occurring within intimate contexts. Moreover, the study indicates that when greater personal significance is attached to a family stressor, husbands and wives tend to increase their use of empathic responding. The findings suggest that the examination of relationship-focused coping may add to the theoretical and explanatory power of current models of stress and coping.

Also considered were the contextual effects of marital adjustment on how family stressors are experienced and managed by couples. The results document a link between marital adjustment and the use of empathic responding for both husbands and wives within couples. Further, the study suggests that marital adjustment plays an important role in determining whether the negative effects of stress will persist across days.

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“Empathy includes the making of deep and sustained psychological contact with another in which one is highly attentive to, and aware of, the experience of the other as a unique other....A genuine meeting of persons can occur” (Bohart & Greenberg, 1997, p. 5).

Introduction

The notion that support from close relationships may enhance our ability to adapt to stress has achieved the status of a truism. Nonetheless, as the findings of numerous studies suggest, the role of close relationships in the stress process is broad and far-reaching, and not limited to what is generally considered to fall under the rubric of social support (Coyne & Bolger, 1990; Coyne & DeLongis, 1986). A growing body of evidence suggests that interpersonal factors may influence virtually every aspect of the stress and coping process, including the occurrence and appraisal of stressful events; the persistence of stress, the selection and efficacy of coping strategies; and the impact of stressors on physical and psychological well-being (for reviews, see DeLongis & O'Brien, 1990; Lepore, 1997; O'Brien & DeLongis, 1997; Revenson, 1994; Taylor & Aspinwall, 1990; Taylor, Repetti, & Seeman, 1997). Notwithstanding, most stress and coping research has taken an individualistic approach to conceptualization and measurement.

One cost of an exclusively cognitive, individualistic focus is the failure to consider the distinctive requirements of coping when others are involved in the stressful situation. The impact of stress and the consequences of coping generally reverberate far

beyond the confines of the individual (e.g., Almeida, Wethington, & Chandler, 1999; Eckenrode, 1991; Coyne & Fiske, 1992; Larson & Almeida, 1999; Pearlin, 1991; Thompson & Bolger, 1999). Many stressors affect members of a family or social network simultaneously (e.g., Coyne et al., 1987; Eckenrode, 1991; Flor, Turk, Scholz, 1987; Gottlieb, 1997; Sheehan & Nuttall, 1988; Shinn, Lehman, & Wong, 1984). When stressors have systemic ramifications, family members or close ties are often faced with managing their own distress as well as the distress of loved ones (Coyne & Smith, 1991). Responding to the needs of loved ones may be an important underpinning of coping behavior in family contexts and other close interpersonal contexts. Although coping efforts may be driven by love and caring for others, relatively little coping theory and research has addressed interpersonal incentives for coping.

When stress and coping processes are considered in a social vacuum, we may unwittingly create an illusion that people generally adapt to stress in an autonomous, solitary fashion. Consequently, we may be more likely to view adaptational problems as being primarily attributable to personality vulnerabilities, faulty perceptions, or insufficient personal initiative. Coping may not arise merely out of unilateral, single-handed efforts to shoulder the burdens of stress. Coping may also be dynamically constructed from collateral processes and coalescent efforts of marital partners, families, and other socially tied units to manage difficulties and adversities (cf. Lyons, Mickelson, Sullivan, & Coyne, 1998). Similarly, appraisal and coping processes may not be solely the properties of individual efforts but also products of social participation. For example, in managing interpersonal stressors, intersubjective attempts to understand and coordinate the perspectives and concerns of others involved in the stressful encounter may greatly

influence a person's ability to manage the situation satisfactorily (DeLongis & O'Brien, 1990; O'Brien & DeLongis, 1997).

Our understanding of the processes involved in coping with stress will be curtailed if we view individuals in isolation, apart from their significant social contexts. Individualistic notions of stress adaptation are of limited use in describing and explaining family patterns of adaptation that operate in a more systemic, interdependent manner (e.g., Coyne & Fiske, 1992; Coyne & Smith, 1991; DeLongis & O'Brien, 1990; Gottlieb & Wagner, 1991; Lyons et al., 1998; Repetti & Wood, 1997; Stephens, Crowther, Hobfoll, & Tennenbaum, 1990; O'Brien & DeLongis, 1997; Revenson, 1994; Wethington & Kessler, 1991). More importantly, an individualistic focus may obscure our understanding of psychosocial processes which may be central to managing stress in interpersonal contexts, such as perspective-taking, collaboration, accommodation, negotiation, and affective sharing (Coyne & Smith, 1991; DeLongis & O'Brien, 1990; Hobfoll, Cameron, Chapman, & Gallagher, 1996; Lyons, Sullivan, & Ritvo, 1995; O'Brien & DeLongis, 1997; Revenson, 1994).

During times of stress, spouses and other family members often possess a sense of shared adversity, shared fate, and shared responsibility for the one another's needs and welfare (cf. Coyne & Fiske, 1992; Coyne & Smith, 1991). In contrast to social relationships that are governed by expectations of reciprocated benefits (e.g. exchange relationships), family relationships and other close relationships are generally more communal in nature (Clark & Mills, 1979, 1993; Mills & Clark, 1982; Williamson & Clark, 1992; Williamson, Clark, Pegalis, & Behan, 1996). Communal relationships are

marked by a willingness to respond to others or to help others in accordance with the needs of others. Developing or maintaining the relationship is a primary motivation for responding to another person's needs in communal relationships. In specifying coping dimensions that hold significance in close interpersonal contexts, it may be important to consider that efforts aimed at maintaining relationships or affectional bonds may represent a fundamental aspect of coping behavior.

Because much stress adaptation occurs within the context of family and other close interpersonal relationships, it is becoming conspicuously apparent that more comprehensive, socially inclusive models of stress and coping are required to elucidate stress adaptation. Recently, there have been numerous calls in the literature for a greater attention to the conceptualization, measurement, and examination of interpersonal aspects of stress and coping processes (e.g., Coyne & Bolger, 1990; Coyne & DeLongis, 1986; Coyne & Smith, 1991, 1994; DeLongis & O'Brien, 1990; Eckenrode, 1991; Greenglass, 1993; Hobfoll et al., 1996; Lyons et al., 1998; Lyons et al., 1995; O'Brien & DeLongis, 1997). For example, Hobfoll et al. (1996) have argued for "increased conceptualization of coping as a social process with social effects" (p. 420). Coyne and Smith (1991) have asserted that coping within married couples should be viewed as a "thoroughly dyadic affair" (p. 405). O'Brien and DeLongis (1996; 1997) have pointed out the heuristic value of the metaconstructs of agency and communion (e.g., Bakan, 1966; Helgeson, 1993, 1994; Wiggins & Trapnell, 1996) for conceptualizing stress and coping processes. Agency embodies strivings for independence, mastery, power, competency, achievement, instrumentality, and task completion. Communion encompasses strivings for intimacy, love, emotional relatedness, connectedness, friendship, communality, solidarity,

belongingness, and relationship maintenance. In recent research, these metaconstructs have been used to develop typologies to classify dimensions of situations, psychological distress, and positive emotionality (see Wiggins & Trapnell, 1996, for a review). These metaconstructs have also been used to classify dimensions of marital functioning (i.e., autonomy vs. relatedness; Rankin-Esquer, Burnett, Baucom, & Epstein, 1997). In recent stress and coping studies, these metaconstructs were employed to specify types of stress appraisal (Preece, DeLongis, O'Brien, and Campbell, 2000) and types of stressful situations (O'Brien & DeLongis, 1996). In the present study, coping strategies aimed at repairing, preserving or enhancing communion were examined.

Much research supports the notion that strivings for communion or relatedness may be a fundamental human need (see Baumeister & Leary, 1995, for a review). Consistent with this, researchers have identified an interpersonal function of coping, termed "relationship-focused coping" (Coyne & Fiske, 1992; Coyne & Smith, 1991; DeLongis & O'Brien, 1990; O'Brien & DeLongis, 1996, 1997), aimed at managing or maintaining relationships during stressful periods. With an emphasis on further elucidating interpersonal dimensions of coping, the present study examined the role of relationship-focused coping in everyday stress adaptation among married couples living within a stepfamily context. In accord with a contextual approach, the study examined the role of marital adjustment in daily stress and coping processes. The study gives special emphasis to the examination of a mode of relationship-focused coping, empathic responding, that has been identified as being potentially important to stress adaptation processes occurring within marital, family, and other close interpersonal contexts

(DeLongis & O'Brien, 1990; O'Brien & DeLongis, 1996; 1997; see also Lyons et al., 1998).

The present study utilized a structured diary repeated measures methodology and a multilevel model (i.e., hierarchical linear modeling; HLM) analyses approach to examine within-couple variations in daily stress, coping, coping efficacy, mood, and marital tension. During the past decade, several researchers have employed daily process designs (i.e., diary methodology) and multilevel model analytic procedures to examine the effects of daily stress (e.g., Almeida & Kessler, 1998; Almeida et al., 1999; Bolger & Schilling, 1991; Tennen & Affleck, 1996). However, no studies of this nature have examined relationship-focused coping. The present study is unique in its within-couple examination of relationship-focused coping.

The Interpersonal Context of Stress

Recent evidence suggests that a greater consideration of the interpersonal context of stress and coping may increase the predictive power of our models of stress and coping. Although a great deal of stress and coping takes place within the social context, the cognitive-transactional model has generally depicted interpersonal stressors as simply one of many possible sources of environmental stress with no distinctive significance. However, increasing evidence suggests that interpersonal stressors have a particularly deleterious effect on well-being (e.g., Baumeister & Leary, 1995; Bolger, DeLongis, Kessler, & Schilling, 1989; Kiecolt-Glaser, Dyer, & Shuttlesworth, 1988; Pagel, Erdly, & Becker, 1987; Schuster, Kessler, & Aseltine, 1990; Taylor et al., 1997). The few studies

that have explicitly contrasted interpersonal and noninterpersonal stressors (see Rook, 1990, for a review) illustrate the special role that interpersonal factors play in determining well-being and “testify to the uniquely upsetting effects of interpersonal stressors” (Rook, 1990, p. 177; see also Thoits, 1982). For example, Bolger et al. (1989) compared the impact of interpersonal stressors (e.g., conflicts or tension in social relationships) with noninterpersonal work overload stressors (e.g., household and job demands). This study of married couples found that interpersonal stressors were most strongly associated with negative outcomes, accounting for more than 80% of the explained variance in daily mood. These findings are in keeping with the larger literature indicating that the presence of upsetting interpersonal interactions and problems in a relationship with a family member are quite serious in their implications for both physical and psychological well-being (e.g., Baumeister & Leary, 1995; Coyne, 1989; Burman & Margolin, 1992; Finch & Zautra, 1992; Fiore, Coppel, Becker, & Cox, 1986; Gotlib & Whiffen, 1989; House, Umberson, & Landis, 1988; Kiecolt-Glaser, Marlarkey, Cacioppo, & Glaser, 1994; Kiecolt-Glaser et al., 1988; Manne & Zautra, 1989; Miller, Kemeny, Taylor, Cole, & Visscher, 1997; Pagel et al., 1987; Rook & Pietromonaco, 1987; Rook, 1990; Taylor et al., 1997).

For example, the presence of upsetting interactions in the support network of caregivers of family members with Alzheimer’s disease (AD) has been found to be a significant predictor of both depression and general pathology among caregivers (Fiore et al., 1986). One study (Pagel et al., 1987) found that the presence of upsetting interactions within the support network predicted levels of depression. Further, changes in upset over time predicted changes in levels of depression. Research suggests that the negative

effects of a problem relationship may be exacerbated among AD caregivers and that negative interactions with network members potentiate the effect of other stressors (Kiecolt-Glaser et al., 1988). These findings suggest that persons in chronic stress contexts may be more vulnerable to negative aspects of social interactions, perhaps due to their increased need for understanding and emotional support.

Recent studies of emotional transmission in close interpersonal contexts provide evidence that stress often reverberates through the family system (for a review, see Larson & Almeida, 1999). Emotional transmission occurs when the events or emotions of one person are subsequently predictive of emotions and behaviors in another person. Investigations of emotional transmission are made more possible by methodologies that permit examinations of within-person variation over short intervals (e.g., diary studies, experience sampling). For example, using a structured-diary methodology, Almeida et al. (1999) examined transmission of conflict or tension from the marital dyad to the parent-child dyad. The study found that when husbands and wives experienced tense or conflictual marital interactions on a given day, the following day they were more likely to experience tension or conflict with their children (even after controlling for prior levels of parent-child tension).

Another study of emotional transmission within couples (Thompson & Bolger, 1999) suggests that distress in one spouse may influence how the other spouse feels about their relationship. The study also illustrates the value of examining both individual and relational effects of stress adaptation processes. Thompson and Bolger examined stress processes in couples in which one partner was facing a major stressful event (preparation for New York State Bar Examination), using a structured-diary approach to collect 35

consecutive days of data observations from both members of a couple. This study found that depressed mood in examinees was associated with their spouses feeling more sadness within their relationship and less relationship contentment and exhilaration. In contrast, during most of the preparation period, the spouses' reported feelings about their relationship were not significantly related to the examinees' depressed mood. However, these relations changed as the exam date approached. Immediately before the examination, the spouse's positive feelings about the relationship predicted a reduction in depressive symptoms in examinees.

The authors noted that as the examination drew near, spouses of examinees may have made more benign attributions about the examinee's negative affect. For example, the spouses of examinees may have been more likely to view the examinee's negative affect as being due to the impending examination, rather than viewing it as indicative of problems in the relationship. The authors suggested that these changes in the spouse's attributional processes diminished the spouse's emotional reactivity to examinees. The authors surmised that examinees and their spouses were more able to engage in a dyadic coping process that involved the spouses of examinees actively engaging in more supportive behaviors towards examinees. This supposition was also based on findings, indicating that partners provided more support as the examination drew near and that support provided at this time was effective in preventing a rise in examinees' distress.

Studies of married couples that have examined the effects of more common everyday stressors indicate that interpersonal factors influence adjustment to stress. For example, in a repeated measures structured-diary study of marital couples, DeLongis, Folkman, & Lazarus (1988) found that the effects of every day stress on mood were

moderated by the extent of the emotional support individuals perceived to be available in their support network (spouses, relatives, friends). In addition, Windle and Dumenci (1997), using a matched-pair within-couple multilevel modeling analysis of their couple data, found that parenting stress predicted depressive symptoms for both husbands and their wives within dual-earner couples. Lower marital satisfaction and lower family cohesion also predicted depressive symptoms in wives and their husbands. Further, studies examining adaptation to major stress indicate that married persons higher in marital satisfaction tend to have better adaptational outcomes (for reviews, see Cutrona, 1996; Revenson, 1994).

Collectively, these studies suggest that close relationships often play an important role in determining how stress is experienced and the ways that individuals adapt to stress. Negative interpersonal interactions may exacerbate stress and complicate adaptation. Those who are able to maintain higher quality close relationships in the face of stress may be more effective in their attempts to adapt to stress. Those who enjoy higher quality close relationships also may be less affected by stressful episodes than those with poorer quality relationships (see also, Aspinwall & Taylor, 1997).

The Interpersonal Context of Coping

It is becoming more evident that close relationships may significantly influence how individuals manage stress and the efficacy of their coping efforts. Although most coping studies have adopted an individualistic approach to conceptualization and measurement, a number of researchers have begun to adopt more interpersonal

approaches. Studies of married couples permit a broader conceptualization of coping than is afforded by the study of individuals. Most research has considered only whether the individual's emotional well-being has been protected or enhanced by the particular coping strategy employed by the individual. Evidence from studies of married couples indicates that coping strategies that are beneficial to the individual's well-being are not necessarily beneficial to the spouse and vice versa (e.g., Coyne & Smith, 1991, 1994; Menaghan, 1983). Stern and Pascale (1979), for example, found that heart-attack patients who denied the seriousness of their illness were less anxious and depressed and more likely to carry out their usual role responsibilities than were those who did not engage in denial. However, their wives were more prone to depression than the wives of non-deniers.

Research suggests that marital partners may exert coping efforts to diminish their transmission of emotional distress in the service of protecting loved ones. Hence, personal distress attenuation may not always be the primary goal of coping. One powerful incentive for coping efforts may be the protection of loved ones (cf. Lyons et al., 1998). For example, Coyne and Smith's (1991; 1994) examined dyadic effects of coping in couples adapting to the husband's first myocardial infarction. The cross-sectional study examined the effects of protective buffering, a form of relationship-focused coping that involves efforts to avoid conflict with their partner and efforts to conceal their own distress from their spouse. Interestingly, when wives used higher levels of protective buffering, their husbands reported higher self-efficacy, *but* wives reported higher psychological distress. However, when husbands used higher levels of protective buffering, husbands reported lower self-efficacy *and* wives reported higher psychological

distress. Hence, for wives, both their own use of protective buffering and their husband's use of protective buffering were associated with poorer psychological adjustment.

Although husbands and wives may try to conceal their emotional distress in an effort to protect loved ones, the findings of Gottlieb and Wagner (1991) suggest that married persons may try to actively encourage their partners to conceal their emotional distress. It should be noted, however, that this study had a relatively small sample size ($N = 31$), and findings are based on interview data collected at one time point. Nonetheless, the findings provide a compelling illustration of how mismatches in coping within couples may affect adjustment to stress. The study investigated stress and coping processes among parents of chronically ill children (i.e., ill with cystic fibrosis or juvenile diabetes). Findings indicated that husbands who coped with their distress by using self-control strategies (e.g., stoic acceptance, keeping feelings to oneself, denial, or distraction) verbally pressured their wives to curb their use of coping strategies that involved emotional communication (e.g., talking about emotions, seeking emotional support from husbands). Over time, to smooth their relationships, wives adopted a more stoic stance in the presence of their husbands. They concealed their emotional distress from their husbands and shielded their husbands from bad news about their child's health status. However, as their public and private efforts to manage their emotions became more discrepant, wives reported greater psychological distress as well as a growing sense of emotional isolation and resentment. Previous research indicates that marriage may be a key source of support (Cutrona, 1996; Perlman & Rook, 1987) and that when a spouse is unavailable to offer emotional support as a confidant, support from other sources does

not sufficiently fill the void (Brown & Harris, 1978; Coyne & DeLongis, 1986; Pistrang & Barker, 1995).

Pearlin (1991) has noted that "the success of one's coping response will be determined not only by the nature of that response but also by the actions and reactions of others who are involved in the stressor" (p. 270). Consistent with this, research suggests that a lack of emotional sensitivity from close others may have adverse effects on the person's coping and stress adaptation. In a prospective study of parents coping with the loss of an infant (DeLongis, Silver, & Wortman, 1986), the responses of close friends and family members to the parents' efforts to cope with their grief via emotional expression predicted several aspects of the parents' coping. When close others exhibited a negative or insensitive response that minimized the parents' loss, bereaved parents exhibited both a reduced desire to cope via emotional expression and a decline in coping effort over time. Further, negative responses from others during the first month after the infant's death were associated with higher levels of depression eighteen months later, even after controlling for prior levels of depression. Examples of insensitive responses included telling parents that they were lucky that it happened now instead of later when the child was older, saying that the parents could always have other children, or suggesting that the infant's death was "God's will." In contrast, responses from others that invited emotional sharing were associated with declines in the level of depression. These findings suggest that the efficacy of coping efforts may be heavily determined by the nature of others' responses.

In another study involving the same data set, Lepore, Silver, Wortman, & Wayment (1996) found that bereaved mothers who felt socially constrained by others' insensitive responses, talked less about their loss, and experienced more intrusive thoughts about their loss (compared to mothers who felt freer to express their emotions to close others). For mothers who felt constrained, intrusive thoughts at 3 months post-loss were positively related to depressive symptoms 18 months post-loss. However, for mothers who were encouraged to talk about their loss by others, intrusive thoughts at 3 months post-loss were negatively related to depressive symptoms 18 months post-loss. The authors suggested that insensitive responses from others may have impeded mothers' emotional processing of the trauma and may have hindered mothers' attempts to cognitively process and integrate the trauma. Taken together, these studies suggest that the responses of others may play an important role in facilitating or hindering emotional processing during times of high stress.

Much research supports a model in which coping and the responses of people in the social network are linked (for reviews, Dunkel-Schetter, Blasband, Feinstein, & Herbert, 1992; Greenglass, 1993; Schreurs & de Ridder, 1997; Silver, Wortman, & Croft, 1990). Studies of married couples suggest that a lack of support from the spouse influences subsequent coping (e.g., Gottlieb & Wagner, 1991; Pearlin & McCall, 1990). For example, problems are not always disclosed to spouses, nor is support sought, because of the perceived risk of inviting further negative responses. Another study (Notarius & Herrick, 1988) suggests that when support attempts fail to alleviate the recipient's distress, the provider is less likely to want to offer support to the recipient in the future.

The relationship between coping and the response of others appears to be bi-directional. Research suggests that the nature of others' responses may be determined, at least in part, by the ways that individuals cope (for reviews, see Dunkel-Schetter & Bennett, 1990; Silver et al., 1990). For example, Lane and Hobfoll (1992) found that when chronically ill people (i.e., with chronic obstructive pulmonary disease) consistently coped with their condition by displaying irritability or venting anger to significant others, significant others (e.g., spouses, siblings, parents) experienced heightened anger themselves and over time offered less support to their loved ones. These findings indicate that modes of coping that alienate or distress others may alter the quality of important relationships and elicit a withdrawal of support and cooperation from others. Research addressing the links between coping and social responses also suggest the value of assessing coping in terms of its consequences for social relationships to differentiate modes of coping that tend to be relationship-disrupting from modes of coping that tend to be relationship-enhancing.

In summary, the research reviewed above suggests a number of conclusions. Interpersonal factors may play a significant role in all aspects of stress and coping processes, including the severity of stress and its effects, the types of coping strategies that are attempted, the efficacy of coping efforts, and the length of adaptational processes. Diminished emotional relatedness within valued relationships may amplify and prolong the effects of stress. Coping that curtails emotional closeness with loved ones and coping that strains valued relationships tends to be associated with adverse psychological and relationship outcomes. The responses of others in the interpersonal context make a significant contribution to determining how individuals experience and manage stress.

Moreover, for couples and families, the overall quality of relationships may significantly influence how persons experience and manage stress as well as the efficacy of coping efforts. This research suggests that modes of coping that enhance or maintain relationships and emotional relatedness may have important adaptational significance. This body of research also indicates that a better understanding of coping and its effects on stress adaptation may be engendered by greater attention to interpersonal dimensions of coping and to the interpersonal consequences of coping.

Interpersonal Dimensions of Coping

The increasing evidence that interpersonal stressors are particularly deleterious for well-being suggests that examination of the modes of coping that sustain social relationships is needed. However, few standard coping measures tap forms of coping that might be particularly relevant to coping with the interpersonal dimensions of stressful situations, so literature addressing this issue is scant. Seeking social support and confrontative coping are among the only interpersonally oriented modes of coping typically found on standard measures of coping. The use of confrontative coping has been consistently linked with negative psychological outcomes (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Folkman & Lazarus, 1988). The negative effects of engaging in confrontative coping are most likely due to the potentially damaging repercussions on the relationship (DeLongis & O'Brien, 1990; O'Brien & DeLongis, 1997). For example, others may relent when coerced, and, perhaps unwittingly, reinforce future use of confrontative strategies (Patterson, 1982). However,

in the process, others may become antagonized and withdraw or respond in a way which perpetuates a coercive pattern of communication (see also, Buss, 1992). Modes of coping that damage social relationships may also diminish the social support available in both ongoing and future stressful circumstances as well as contribute to both long and short-term problems of adaptation (c.f. Coyne, Wortman, & Lehman, 1988; Lane & Hobfoll, 1992). In light of the negative consequences connected with the use of confrontative coping in their community samples, Folkman and Lazarus (1988) concluded that "interpersonal strategies that have a less aggressive tone should be evaluated" (p. 474).

Research examining the effects of coping via seeking social support has produced mixed findings, with some studies showing no positive effects and others showing more salutary effects on physical and psychological well-being (see Schreurs & de Ridder, 1997, for a review). For example, Hobfoll et al. (1996) reported findings that active, prosocial modes of coping (i.e., social joining and seeking social support) were associated with lower levels of psychological distress. As stress increased for study participants, failure to use active, prosocial modes of coping was related to increased depression.

Functions of Coping

Emphasizing the process nature of coping, Lazarus and Folkman (1984) have defined coping as "constantly changing cognitive and behavioral efforts to manage the specific and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). The coping literature has witnessed a number of attempts to specify various functions of coping through both theoretical and empirical means (for reviews, see Aldwin, 1994; Schwarzer & Schwarzer, 1996; Zeidner & Endler, 1996). For

example, some researchers have attempted to differentiate coping functions on the basis of attention orientation. Such typologies include dimensions such as *vigilance* vs. *cognitive avoidance* (Krohne, 1993) and *monitoring* vs. *blunting* (Miller, 1987). Other researchers have distinguished between *approach* vs. *avoidance* or *active* vs. *avoidant* modes of coping (e.g., Roth & Cohen, 1986). Moos (1993) has made finer gradations of this kind of typology distinguishing between *cognitive* vs. *behavioral approach* and *cognitive* vs. *behavioral avoidance*. Pearlin & Schooler (1978) have identified the following coping functions: efforts to *modify the situation*, efforts to *control the meaning* of the problem, and efforts to *manage or minimize the suffering or discomfort* created by the problem. Along a similar vein, Endler and Parker (1990) have distinguished between *task-oriented*, *emotion-oriented*, and *avoidance-oriented* modes of coping. Taylor (1983, 1989) has made a *mastery* vs. *meaning* distinction to represent key aspects of coping. Aspinwall and Taylor (1997) have also distinguished *proactive* coping, a type of coping that is aimed at the prevention of stress or the modification of stress before it occurs. Proactive coping precedes anticipatory coping (preparation for an upcoming stressful event) and coping (after stress onset). Hobfoll et al. (1996) have developed a three dimensional multiaxial model of coping, which distinguishes between *prosocial-antisocial*, *active-passive*, and *direct-indirect* dimensions of coping. Perhaps the most well-known classification of the structure of coping is the two function model proposed by Lazarus and his colleagues (e.g., Lazarus & Folkman, 1984; Folkman, Lazarus, Dunkel-Schetter et al., 1986; Folkman, Lazarus, Gruen, & DeLongis, 1986). This model distinguishes between *problem-focused* (PF) (aimed at altering the situation or solving the

problem) and *emotion-focused* (EF) (aimed at managing one's emotions) modes of coping.

Interpersonal Regulation as a Function of Coping

Recently, researchers have specified an interpersonal regulation function of coping, termed ***relationship-focused*** (RF) coping (e.g., Coyne & Smith, 1991; Coyne & Fiske, 1992; DeLongis & O'Brien, 1990; O'Brien & DeLongis, 1996, 1997). We have used the term "relationship-focused" coping to refer to cognitive and behavioral efforts to manage and sustain social relationships during stressful episodes (DeLongis & O'Brien, 1990; O'Brien & DeLongis, 1996, 1997). Coyne and Smith (1991) have suggested that relationship focused coping embodies efforts aimed at "grappling with each other's presence and emotional needs" (p. 405). Successful coping involves not only solving the problem and managing negative emotions generated by the stressor, but also involves maintaining one's relationships during stressful periods, particularly when stressors impact the family or some other social unit (Coyne & Smith, 1991; DeLongis & O'Brien, 1990; Lyons et al., 1995; O'Brien & DeLongis, 1997). We (O'Brien & DeLongis, 1996, 1997) have argued that conceptualizations of coping should address both fundamental aspects of human existence: the basic human strivings for agency and communion (cf. Bakan, 1966; Helgeson, 1993, 1994; Moskowitz, 1993; Wiggins & Trapnell, 1996). Our conceptualization of relationship-focused coping rests on the assumption that maintaining relatedness with others is a fundamental human need, as fundamental to coping as is emotion or problem management.

Relationship-Focused Coping: Empathic Responding

The need for belongingness and the desire to form and maintain strong affective bonds with others is a fundamental human motivation that shapes cognition and emotion (Baumeister & Leary, 1995). Those who are deprived of social relationships characterized by mutual concern and emotional connectedness are prone to develop a host of psychological difficulties (e.g., Baumeister & Leary, 1995; Brown & Harris, 1978; Coyne & DeLongis, 1986; Coyne & Downey, 1991). As Bowlby (1977, p. 203) pointed out, “the psychology and psychopathology of emotion is found to be in large part the psychology and psychopathology of affectional bonds” (cf. Sullivan, 1953). Maintaining a sense of emotional relatedness may be a critical factor in determining how people experience and manage stress (Cutrona, 1996; DeLongis & O’Brien, 1990; Lyons et al., 1995; Sarason, Pierce, & Sarason, 1990). Failure to maintain satisfying relationships with close ties may result in depression (Beach, Fincham, & Katz, 1998; Beach, Sandeen, & O’Leary, 1990; Brown & Harris, 1976; Hammen, 1992), passivity (Kuiper & Olinger, 1989), anxiety (Baumeister & Leary, 1995), guilt (Coyne, 1989; Coyne et al., 1988), physical illness (Kiecolt-Glaser et al., 1988, 1994; Taylor et al., 1997), and even death (House et al., 1988). One critical determinant of maintaining satisfying relationships during times of stress may be the extent to which persons can respond with an empathic orientation.

Although rarely considered in models of stress and coping, empathy has long been considered a quintessential footing of emotional attunement, the mortar that cements affective bonds, and a powerful catalyst that propels prosocial and caring actions between people (Burleson, 1990; Clark, 1991; Davis, 1994; Eisenberg, 2000; Eisenberg & Miller,

1987; Eisenberg & Strayer, 1987; Hansson & Carpenter, 1990; Thoits, 1986). Scholars and popular authors have suggested that the ability to engage in empathic processes is a critical component of "emotional intelligence" (Goleman, 1995; Salovey & Mayer, 1990). Scholars have also considered empathy as an aspect of social intelligence (see Davis, 1994, for a review) and as a form of social communication that is central to interpersonal functioning and social understanding (Feshbach, 1997).

Though few coping measures tap empathy as a mode of coping, the notion that people use empathy as a means of managing stress within the social context is not a new one. For example, Haan (1977) identified empathy as a mode of coping that involves attempts to formulate an understanding of another person's feelings and thoughts. Current conceptualizations of empathy have emphasized not only cognitive role-taking processes, but also two other facets: affective processes that involve subjectively sharing or experiencing the other person's affective state and behavioral processes that involve attempts to sensitively communicate one's perceptions of another person's feelings and thoughts (Bohart & Greenberg, 1997; Goldstein & Michaels, 1985; Strayer, 1987).

Based on previous research regarding empathic processes (for reviews see: Bohart & Greenberg, 1997; Clark, 1991; Goldstein & Michaels, 1985; Hoffman, 1984; Macarov, 1978; Strayer, 1987), empathic responding may be viewed as comprising the following cognitive, affective, and behavioral dimensions: (a) perspective-taking, (b) vicariously experiencing the other person's feelings and concerns, (c) interpreting the feelings and thoughts underlying the other person's verbal and nonverbal communication; (d) sensitively responding to the other person out of a state of concern; and (e) expressing

caring and understanding in an accepting, nonjudgmental, emotionally validating manner. Expressions of empathy may be verbal or nonverbal. Nonverbal expressions of empathy include mirroring the other person's facial expressions, showing compassion and affection through facial expressions and physical touch, and caring gestures (e.g., sharing another person's tasks, respecting the other person's wishes, and showing tolerance for the other person's current manifestations of stress) (cf. Davis, 1994; Strayer, 1987).

The Situational Specificity of Empathic Coping

There are undoubtedly individual differences in tendencies and abilities to engage in empathic processes (Davis, 1983, 1994; Davis & Oathout, 1992; Eisenberg et al., 1994; Eisenberg, 2000). Research on empathy as a personality trait indicates that empathy is related to positive social transactions and psychological adjustment (see Feshbach, 1997, Davis, 1994, for reviews). Using a measure that we developed to assess a form of RF coping that we termed *empathic responding*, we have found support for the role of personality and situation in empathic coping (O'Brien & DeLongis, 1996); however, situation played a more prominent role in predicting the use of empathic responding. We examined the role of the Big Five personality traits (neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness) in predicting empathic responding and found that, taken as a whole, components of the five-factor model of personality (see McCrae, 1992, for a review) accounted for a nonsignificant 3% of the variance in empathic responding. Situational factors were particularly important predictors of this form of RF coping, accounting for almost half the variance (i.e., 48%) in its use. The interaction between personality and situation accounted for an additional significant 4%

of the variance. Our findings suggest that the social context may play a large role in predicting the use of empathic coping.

Consistent with this, several features of the social context have been identified as influencing the occurrence of empathic processes, such as another person's overt behavioral cues of distress (Buck, 1989; Goldstein & Michaels, 1985; Strayer, 1987; Trobst, Collins, & Embree, 1994), concern for the welfare of another person in the situation (Batson, Turk, Shaw, & Klein, 1995; Dovidio, Allen, & Schroeder, 1990; Preece, 1994; Preece et al., 2000), perceived similarity (Davis, 1994; Ickes, 1997), and the presence of a friend or loved one in the situation (Burleson, 1985; Colvin, Vogt, & Ickes, 1997; Cramer, 1985, 1987; O'Brien & DeLongis, 1996). Collectively, these findings suggest that it may be useful for coping researchers to consider empathy as a process that is often elicited by social interactions, and that empathy is not solely determined by stable characteristics of the person (Buck, 1989; Burleson, 1990; Hoffman, 1984; Lazarus, 1991). Feshbach (1997) has noted that studies of empathic processes in naturalistic settings are lacking in the literature. The present study, with its emphasis on empathic responding processes in the family context, may contribute to our understanding of empathic processes in naturalistic contexts.

Empathic Coping in Stress Contexts

In marital and family stress contexts, empathic responding may serve a myriad of purposes, such as managing or preventing conflict or tension, dealing with the distress of loved ones, minimizing negative attributions or blaming orientations towards involved others, and maintaining closeness, emotional intimacy, as well as relationship quality and

satisfaction (O'Brien & DeLongis, 1997). These suggestions are consistent with theoretical and empirical work on empathy and social behavior. This work suggests that empathy plays an important role in preventing or resolving interpersonal conflict, in facilitating good communication and a considerate, more accommodating social style, and in global evaluations of relationship satisfaction (see Davis, 1994, for a review). Consistent with the hypothesis that empathic responding serves a relationship maintenance function, many studies have documented a link between marital satisfaction and perspective-taking behavior (Gottman, 1993; 1998; Long & Andrews, 1990; Rusbult, Verdetto, Whitney, Slovik, & Lipkus, 1991) or perceived understanding (see Ickes & Simpson, 1997, for a review).

The Role of Empathic Coping in Managing Conflict. Every relationship has its ups and downs. Although conflict or tension in marriage or social relationships is a commonplace source of interpersonal stress, scant attention has been paid in the stress and coping literature to delineating coping strategies that may prevent, reduce, or resolve common types of interpersonal conflict (cf. Kerig, 1996). However, research suggests that the effects of interpersonal conflict are dramatic in their significance for personal well-being and relationship functioning (for a review, see Fincham & Beach, 1999). One of the most consistent and important predictors of negative mood is negative interaction with one's spouse (Schuster et al., 1990). Schuster et al. have argued that the degree of negativity within the relationship may be a primary determinant of the amount of support provided within couples. These researchers suggested that reducing partner conflict may be a critical factor in improving support within marriage (see also, Cutrona, 1996). Moreover, marital discord is associated with poorer child attachment to parents, deficient

parenting, increased parent-child conflict, and increased conflict among siblings (Fincham & Beach, 1999; Kerig, 1998; Kerig, Cowan, & Cowan, 1993).

The findings of Bolger et al. (1989) suggest that marital conflict as well as conflict with people outside the immediate family tend to have a particularly pronounced effect on mood (when compared against other minor everyday stressors). This study utilized a repeated-measures diary methodology to investigate the impacts of daily stress on mood among married couples. The study focused on within-subject variation and found that the negative effects of many daily minor stressors on mood tended to be observed primarily on the day that stress occurred, but not on days following, with the notable exception of interpersonal stressors involving arguments. For both husbands and wives, marital arguments predicted lowered mood both on days that stress occurred and days following stress. In addition, wives and husbands who reported arguments with more than one other person outside the immediate family noted higher levels of negative mood, both within days and across days. This study suggests that the negative effects of interpersonal conflict on mood tend to persist over several days, whereas emotional habituation typically ensues more rapidly when everyday stress does not involve interpersonal conflict.

Moreover, the role of persistent marital conflict in depression has been well-documented (for reviews see Beach et al., 1998; Coyne & Downey, 1991). Conflict and hostility in marital interactions have been associated with lower immune functioning and increased cardiovascular and endocrine reactivity (Kiecolt-Glaser et al., 1994; Marlarkey, Kiecolt-Glaser, Pearl, & Glaser, 1994). Negative health consequences of marital conflict are observed in both husbands and wives; however, this effect appears to be more

pronounced for wives (for a review, see Fincham & Beach, 1999). Taken together, these findings indicate that interpersonal conflicts are a strong predictor of emotional distress, suggesting that it is important to evaluate coping in terms of its ability to prevent or manage interpersonal conflict.

In the present study, it was expected that higher use of empathic responding would be associated with lower levels of marital tension. This expectation was based on a number of considerations. During times of tension or conflict, the use of empathic responding may help persons to make effective reparative gestures that diminish or resolve conflict. Studies of marital conflict suggest that nondistressed couples are more likely to make successful attempts to repair interactions during conflict than are distressed couples (for a reviews, see Fincham & Beach, 1999; Gottman, 1998). The expression of empathy may represent one valuable mode of repairing relationships during times of heightened tension or conflict. Particularly in tense or conflictual interpersonal situations, efforts to consider the needs of others may be an important way of coping that helps to defuse interpersonal tension and to prevent escalations of negative interactions between partners. Those who cope in this way may be more likely to address the emotional needs of involved others and at the same time manage their stress in a way that avoids creating problems or upsets for involved others (cf. Revenson, 1994).

Particularly during stressful times when family or marital tension increases, the need for empathy may be heightened, if one wishes to keep relationships intact. One family member may do and say things that hurt, frustrate, disappoint, or anger other family members. The use of empathy may enable family members to understand the feelings and thoughts that may underlie the other person's actions. When individuals do

not share their family member's point of view, empathy may allow them to recognize that their loved one's actions and feelings make sense in light of that other person's vantage point or position (Beach et al., 1990; Gottman, 1993). Gaining a better understanding of the underlying causes of another person's actions via empathic coping processes may allow individuals to alter their own cognitive appraisals of the situation, their emotional reactions to the other person, and their behavioral responses towards the other person. Consistent with this, couples therapists (e.g., Cordova & Jacobson, 1993) employ an intervention termed "empathic joining" to encourage partners to identify the "soft" emotions (e.g., sadness) that underlie the expression of "hard" emotions (e.g., anger) (see also, Greenberg & Elliot, 1997; Greenberg & Safran, 1987) to help couples gain a better understanding of each other and to de-escalate negative interactions. This type of processing of experience may be a naturally occurring process in couples who cope with marital or family tension via empathic responding.

Individuals may also engage in empathic perspective-taking to try to ascertain how their own actions may be affecting the well-being of others and contributing to the interpersonal discord in the relationship or the family. By imagining themselves in the other person's shoes, individuals may be more able to see how their own actions could be a source of distress for the other person. Understanding why one's own behaviors may have a negative impact on others may enable individuals to generate alternative ways of behaving and responding that are less disconcerting and more favorable to others.

The communication of empathy to others may play a considerable role in reducing or resolving interpersonal tension or conflict. Listening and allowing others to disclose

their feelings, acknowledging and accepting others' feelings, communicating in a way that validates others' feelings, and expressing concern and affection for others are all empathic coping responses that may be attempted to reduce interpersonal tension and to repair damaged relationships (Beach et al., 1990; Gottman, 1993; DeLongis & O'Brien, 1990; O'Brien & DeLongis, 1997). Failures of empathy may result in greater distress in loved ones (DeLongis et al., 1987) and subsequently create more interpersonal stress to contend with in relationships. Research suggests that cycles of conflict among family members are diminished by the use of empathic or supportive responses and appropriate levels of emotional responsiveness (Bray, 1995). For example, Alexander (1973) found that conflict was escalated by defensive remarks and de-escalated by supportive or empathic responses. This study found that when individuals respond to a perceived criticism from another person with a supportive or empathic response (instead of a defensive response), the other person is more likely to respond in kind with a supportive or noncritical, neutral statement, which serves to diffuse the conflict.

The Association between Empathic Responding and Marital Quality. As noted earlier, research indicates a positive link between marital satisfaction and empathic responding (Gottman, 1993; 1998; Long & Andrews, 1990; Rusbult et al., 1991). There are a number of ways that empathic responding may influence marital quality. For example, those who exhibit empathic understanding to loved ones during times of tension or stress may help loved ones to more fully express and process their feelings (cf. DeLongis et al., 1987). Empathic responding also may facilitate self-disclosure and greater emotional intimacy or closeness within dyads (c.f. Cutrona, 1996; Odegaard, 1996). Consistent with this, a recent repeated measures study (employing hierarchical

linear modeling statistical analyses) found that higher levels of partner responsiveness were related to higher levels of self-disclosure (Laurenceau, Barrett, & Pietromonaco, 1998). Further, self-disclosure and perceived partner responsiveness both independently contributed to perceptions of intimacy in social interactions. Perceived partner responsiveness was operationalized as the extent to which the individual felt accepted, understood, and cared for by the partner. Partners may create feelings of acceptance, understanding, and caring through their use of empathic responding. One way that empathic responding may serve to maintain relationships is by encouraging emotional closeness. Considering this, empathic responding may be a mode of coping that helps family members achieve and maintain emotionally satisfying relationships with each other (cf. Long & Andrews, 1990; Lyons et al., 1998).

Cutrona (1996) argues that the frequency and sensitivity of supportive exchanges between partners may significantly influence the quality and survival of marital relationships. The expression of empathic support to loved ones during stressful times may also have beneficial effects on the recipient. It may protect the partner from developing depression or depressive reactions to the situation, as well as prevent the escalation of negative exchanges that could potentially erode the relationship. Cutrona posits that supportive, empathic behaviors by marital partners contribute to the quality and survival of marriages through various mechanisms, including 1) relationship maintenance via the prevention of stress-related deterioration in the relationship; 2) reducing the intensity of conflict in marriage; and 3) promoting trust, intimacy, and benign attributions for negative partner behaviors.

Empathic responding may protect both partners within couples or dyads from feeling isolated during times of stress. Coping that conveys understanding and caring may allow partners to forge more powerful alliances that spur more cooperative efforts to manage shared sources of stress. In contrast, relationship-focused strategies such as protective buffering (Coyne & Smith, 1991; 1994) that involve emotional concealment may diminish emotional intimacy and decrease emotional support from loved ones. Consistent with this, Larson (1993) found that oncology staff and patients who coped by using self-concealment experienced higher levels of distress and were less likely to receive helpful, empathic responses from others.

The Association between Empathic Responding and Coping Efficacy. Research suggests that in addition to defusing tension and maintaining a positive relationship, empathic responding may be more efficacious in alleviating the distress of others and more likely to produce positive reactions from others (Burleson, 1985; Burleson & Samter, 1985; Lehman, Ellard, & Wortman, 1986; Notarius & Herrick, 1988; Pistrang & Barker, 1995). By engaging in empathic intersubjective processes and attempting to respond to others in a caring and sensitive manner, individuals may be coping in a fashion that preserves or enhances important social relationships. Those who attempt to understand and express support to involved others during stressful times may create an atmosphere of mutual support. Given evidence in the support literature indicating that recipients of positive support are better able to manage stressful situations with fewer negative adaptational outcomes (e.g., Andresen & Telleen, 1992; Cohen & Wills, 1985; DeLongis et al., 1988; House et al., 1988; Lin, Dean, & Ensel, 1986; Pierce, Sarason, & Sarason, 1996), it seems reasonable to surmise that behavioral expressions of

understanding or comfort may empower involved others to manage the stressful encounter more successfully, thereby increasing the likelihood of resolving the stressful situation in a manner that preserves and fortifies the relationship (see also, Thoits, 1986). The findings of Gignac and Gottlieb (1997) suggest that the maintenance of harmonious relationships is one important goal of coping efforts. Bearing this in mind, the use of empathic responding may be associated with higher perceptions of coping efficacy. In the present study, it was expected that higher use of empathic responding would be associated with reports of greater coping efficacy.

The Association between Empathic Responding and Mood. Previous research addressing the effects of empathic responding on mood has provided a mixed picture. Laboratory studies of empathy and empathy-related processes (Batson, Batson, & Todd et al., 1995; Eisenberg, 2000; Eisenberg et al., 1989, 1994; Schaller & Cialdini, 1988, 1990) suggest that engaging in intersubjective empathic processes (e.g., perspective-taking) may have an emotional impact as one vicariously experiences the emotions of others in distress or as one reacts to the plight of those in distress or need. However, this research also suggests that ensuing attempts to comfort or aid those in distress are related to reductions in negative affect. These studies have generally involved reactions to plights of strangers (both dissimilar stranger targets and stranger targets viewed as being more similar to study participants, such as people of the same gender and university students).

The Selection of Outcomes in Coping Studies. The attenuation of emotional distress has been used as the primary indicator of coping success or efficacy in the vast majority of coping studies, and, in turn, coping associated with heightened emotional

distress has typically been classified as maladaptive coping (Aldwin, 1994). Researchers have argued, however, that this myopic emphasis on emotional distress as the most central coping outcome has limited the stress and coping field's progress in advancing knowledge about interpersonal functions of coping, interpersonal processes of stress and coping, and interpersonal coping outcomes (Aldwin, 1994; Lyons et al, 1998). For example, Aldwin (1994) has noted that restricting investigations of coping outcomes to psychological symptoms "may be unduly limiting our understanding of why people cope in the manner in which they do" (p. 158). Although the determination of how various modes of coping affect emotional well-being is unquestionably valuable for research and clinical purposes, the delineation of coping processes involved in the maintenance of valued relationships may have far-reaching significance in explaining stress adaptation in close interpersonal contexts and in advancing clinical interventions aimed at relationship repair or promotion. Unfortunately, relatively few studies of stress adaptation have included measures of relationship-oriented coping or of relational outcomes.

Viewing Prosocial Activities as Coping

In the study of stress adaptation, prosocial behaviors have generally been scrutinized under the auspices of social support. The receipt of social support has been widely construed as a valuable coping resource that affects individual coping and well-being (e.g., Eckenrode, 1991; Pierce, Sarason, & Sarason, 1996; Thoits, 1986). However, the notion that individuals cope with interpersonal stress by engaging in prosocial or "supportive" activities has remained largely unexamined (for exceptions, see Greenglass, 1993; O'Brien & DeLongis, 1996, 1997; Midlarsky, 1993; Hobfoll et al., 1996). The

only prosocial coping strategy that has been included in most standard measures of coping is seeking support. This is understandable, given that most stress and coping research has adopted an individualistic approach, so the participation of others in the stress context has typically been characterized as representing sources of strain or support that either help or hinder the individual's attempts to manage stress. Consequently, coping activities that arise out of concern and caring for others have received scant attention. Even less often considered is the notion that "supportive" activities may constitute modes of coping for the support provider. Persons in interpersonal stress contexts may utilize prosocial coping activities to defuse stress in interpersonal situations, to maintain valued relationships, and to protect the well-being of loved ones.

Although thousands of studies have examined the effects of social support, few studies have viewed caring responses as coping actions. The present research diverges from the social support literature in that it considers efforts previously construed as social support activities as important coping activities. This study examined prosocial coping activities that participants employed to manage family stressors. Although most studies of social support have only assessed the how stressful the situation was for the support recipient, few studies have examined how stressful the situation was for support providers. The lack of attention to support providers and dyadic processes in general may have limited progress in delineating the types of supportive activities that may be usefully construed as coping activities. Indeed, the bulk of the social support literature has used self-report measures of perceived support, without directly assessing the specific cognitive or behavioral activities of support providers (e.g., for reviews, see Beach, Fincham, Katz, & Bradbury, 1996; Pierce, Sarason, Sarason, Joseph, & Henderson,

1996). Coyne and his colleagues have noted that although the social support literature has firmly established the role of perceived support in stress adaptation, it has offered relatively little that is useful in planning professional interventions for stressed individuals in general or married persons in specific (Coyne & Bolger, 1990; Lyons et al., 1998; for a contrary point of view, see Cutrona, 1996). Relatively few social support studies suggest specific ways of helping individuals to build more satisfying and caring relationships.

One may wonder how to distinguish between activities that are merely supportive and supportive activities that represent coping. The answer may lie in how one distinguishes coping from other types of cognitions and behavior (cf. Lazarus & Folkman, 1984). For example, planful problem-solving may be a coping activity during times of stress, or it may be just a way that people get things done when stress is not present. Similarly, supportive activities may be viewed as coping if they are used to meet the demands of a stressful situation in which one feels taxed or lacking in resources. Conversely, supportive behaviors may just represent only social support during situations that are relatively unstressful for providers. For example, a university professor may offer advice to a student before a test, and if this situation is not taxing to the professor, this advice would probably be best viewed as social support (i.e., informational support). However, the same professor may offer understanding and comfort to his or her terminally-ill child or parent. These efforts may be more usefully construed as a mode of coping with the tragic event.

The construal of prosocial activities as coping strategies represents an integration of the coping and support literatures, which goes beyond seeing the role of others in stress adaptation as merely coping resources or hindrances (see also, Hobfoll et al., 1996). Coping may entail interpersonal processes that are guided by interpersonal concerns. Interactions with others and the valuing of the welfare of another may be integral to the social construction of coping. The risk of losing the love and companionship of significant others may be important, not only in explicating why interpersonal stress affects well-being, but also in delineating important dimensions of coping. Indeed, this study is based on the premise that coping efforts may be aimed at maintaining valued relationships. The well-being of loved ones, the reactions of loved ones, and "matters of the heart" are all matters that may propel particular types of relationship-focused coping activities. Efforts aimed at promoting, acknowledging, and addressing the needs of others may be a central way that members of couples or dyads cope when the stressor has ramifications for those involved or for the future of the relationship. Specifying a relationship-focused function of coping allows researchers to examine cognitive and behavioral activities that individuals employ to maintain relationships during stressful periods. To adequately determine the effects and efficacy of relationship-focused coping, it may be important for researchers to include assessments of interpersonally-oriented outcomes.

In summary, the coping efforts that individuals employ to preserve and protect their social relationships may critically influence how they are able to manage stressful circumstances. It is expected that those individuals who choose to cope in a manner that is inherently aimed at gaining a greater understanding of others and at nurturing the well-

being of important relationships will be more likely to come through stressful episodes with their relationships intact. By being empathic and behaviorally conveying caring to involved others in stressful times, individuals may be more able to create more mutually supportive and satisfying marital and family relationships. Thus, the primary effects of empathic responding may be observed by examining its effects on relationship quality and functioning. In the present study, it is expected that empathic responding would ultimately lead to reductions in daily stress-related interpersonal tension or conflict.

Stress-related Studies of the Effects of Empathic Coping

Recent studies suggest that empathic responding is linked to positive coping outcomes. For example, studies of informal and formal caregivers suggest that adopting an empathic orientation to the demands of caregiving may influence how caregivers adapt to their stressful work. Kramer (1993), in a study using our measure of RF coping, found that among those caring for a family member with Alzheimer's disease, those employing higher levels of RF coping reported higher levels of caregiving satisfaction. Caregivers who engaged in strategies such as confrontation, withdrawal, and blaming others, were significantly more depressed, less satisfied with their social involvement, and reported fewer social resources than those who did not use these maladaptive strategies. In addition, caregivers who engaged in these relationship-disrupting strategies were more likely to engage in more maladaptive emotion-focused coping efforts (i.e., wishful thinking, self-blame, escape-avoidance), which were associated with depression.

Another recent study suggests that maintaining an empathic orientation in the face of stress serves a protective function. In a sample of 410 nurses providing care for HIV

positive patients, Visintini et al. (1996) examined the role of stress and psychosocial factors in the prediction of burnout. The study found the strongest predictors of burnout to be the nature of the nurse's emotional involvement with their patients. Their findings suggest that those nurses who adopted an empathic orientation towards their own and their patients' difficulties were less likely to experience burnout symptoms, such as emotional exhaustion and depersonalization. Nurses who reported a more troubled, frustrating emotional involvement with patients marked by feelings of inadequacy and impotence were more likely to report emotional exhaustion, depersonalization, and a lack of perceived personal achievement in their work.

The Role of Empathic Responding in Clinical Interventions

The notion that empathic processes may enhance adaptation is consistent with standard clinical interventions. In virtually all schools of clinical practice, the therapeutic value of empathy is commended (see Bohart & Greenberg, 1997, for a review).

Cognitive-behavioral schools of thought have tended to view empathy as a key nonspecific variable important in establishing rapport and building therapist-client alliances (e.g., Franks, 1994) and as an important relationship skill to be developed in clients coping with stress in interpersonal contexts (for reviews, see Beach et al., 1990; Bohart & Greenberg, 1997; Safran & Segal, 1990). For example, interventions geared towards promoting acceptance and "empathic joining" among distressed couples have been utilized by cognitive-behavioral marital and family therapists (Christensen, Jacobson, & Babcock, 1995). Helping clients to develop empathic listening skills is viewed as a valuable way to improve marital or family cohesion, perceived support,

intimacy, emotional acceptance, and effective problem-solving communication (e.g., Beach et al., 1990; Carter & McGoldrick, 1988; Cordova & Jacobson, 1993). Therapists also attempt to help their clients to respond empathically in their daily lives towards others and themselves as a fundamental way of shifting attributions and creating new ways of perceiving and behaving that may reduce negative interactions and facilitate more adaptive personal relationships (Barnett-Lennard, 1997; Bohart & Greenberg, 1997; Jordan, 1997). One of the most successful prevention programs for the prevention of marital distress is Relationship Enhancement (RE) (see Christensen & Heavey, 1999, for a review). Skills that RE teaches couples include how to communicate effectively, how to resolve conflicts in a mutually satisfying way, and how to respond empathically. Studies of school-age children involved in empathy training programs have found that these children report higher levels of positive self-concept and increased levels of prosocial behaviors (i.e., cooperation, helping, and generosity) and decreased levels of aggressive behaviors (Feshbach, 1997). Other clinical orientations (e.g., client-centered, existential) have viewed empathic responding as a therapeutic intervention in and of itself (see Bohart & Greenberg, 1997, for recent reviews). Empathic responding is viewed as facilitating cognitive elaboration and reappraisal, a more positive and deeper processing of experience, higher levels of trust and acceptance in oneself, reduced sense of isolation, improved affect regulation, and higher levels of empathy for others.

Given the benefits attributed to the use of empathic responding in clinical settings and research (Bohart & Greenberg, 1997), it is important to examine outcomes associated with empathic responding in more naturalistic settings. The present study allowed for this type of examination.

The Present Study

Our previous work (O'Brien, 1992; O'Brien & DeLongis, 1996; Preece et al., 2000) on relationship-focused coping emphasized cognitive, affective, and behavioral aspects of empathic responding. Relationship-focused items were drawn from the empathy literature, the social support literature, and the close relationships literature. Originally, we specified two separate modes of cognitive-affective and behavioral RF coping: empathic coping and support provision. Empathic coping consisted of the cognitive-affective aspects of empathy (e.g., perspective taking, imagining oneself in the other person's shoes). Support provision consisted of behavioral aspects of empathic helping or providing comfort (i.e., trying to help by listening, expressing positive feelings for other person, and doing something to help the other person). In both samples (i.e., undergraduate and married couples), the cognitive-affective and behavioral facets were highly correlated (i.e., in undergraduate sample, $r = .64$, $p < .001$, $N = 270$, O'Brien, 1992; in couples sample $r = .74$, $p < .001$, for wives, and $r = .60$, $p < .001$, for husbands, $N = 82$ wives and 82 husbands). On the basis of correlational and factor analyses (described below), cognitive-affective and behavioral items were combined into one coping scale. We termed this mode of coping "empathic responding" (O'Brien & DeLongis, 1996).

Factor analyses from two separate populations, namely undergraduates (O'Brien, 1992) and stepfamilies (Preece, 1994; using this data set), have provided initial support for relationship-focused coping as a distinct function of coping. These analyses

suggested that cognitive-affective and behavioral items are facets of one mode of coping. Relationship-focused coping items loaded together and separately from emotion-focused and problem-focused items in both samples. Further, relationship-focused, emotion-focused, and problem-focused forms of coping were differentially associated with individual difference and situational variables (O'Brien & DeLongis, 1996, 1997).

The present research built upon the foundation of our earlier work examining individual and contextual factors in the prediction of RF coping (O'Brien, 1992; O'Brien & DeLongis, 1996). However, one limitation of our previous work on RF coping was its reliance upon an undergraduate population. The present research examined the role that individual and contextual variables (i.e., marital adjustment) play in the use of RF coping among community-residing married couples. This study permitted a more naturalistic examination of everyday interpersonal processes in stress and coping. Another serious limitation of our previous work was its lack of outcome measures. In the present research, both same day and next day effects of engaging in RF coping on daily psychological and relationship functioning were investigated.

Another limitation of our previous work is that the undergraduate data were collected at only one time point, and only between-subject analyses were performed. As noted earlier, the present study involved couple data and multiple assessments. Most research of married couples (for fuller discussions, see DeLongis, Hemphill, and Lehman, 1992; DeLongis & Lehman, 1989; Larson & Almeida, 1999) has followed two predominant methodologies: laboratory interaction tasks and survey research, which is either cross-sectional or longitudinal (involving widely spaced assessments). Laboratory research has undoubtedly increased understanding of microprocesses within couples, but

the time frame of data collection is generally quite limited. Survey research has increased understanding of structural variables that may be important in predicting marital and stress outcomes; however, this method does not permit a process approach and is more subject to retrospective biases and third variable confounds. Increasingly, researchers are adopting a relatively new research paradigm that obtains repeated measures of married couples or family members during their daily lives. One such method is the structured-diary approach. Structured diary methodologies offer greater ecological validity and the advantage of examining processes occurring within marriage across short intervals over longer periods of time. Compared to laboratory studies, structured diary studies afford a more naturalistic examination of everyday fluctuations in stress and coping processes over a longer period of time. Although laboratory research typically affords the strongest potential for causal inference, the temporal ordering of variables assessed in diary studies allow researchers to make plausible arguments that one event is causally linked to a later event. The present study employed a structured diary methodology to assess repeated measures of stress and coping processes occurring within couples. Use of a structured-diary approach permitted a microanalysis of the within-couple relations between stress, coping, coping efficacy, mood, and daily relationship functioning.

The present study employed a relatively new statistical procedure--hierarchical linear modeling with application to matched-pairs--which allows simultaneous estimation of both within-couple and between couple variation (e.g., Barnett, Raudenbush, Brennan, & Pleck, 1995). Until recent advances in statistical procedures, most couples researchers were compelled by concerns of data dependency to analyze their couple data separately for husbands and wives. Thus, relatively little is known about within-couple processes of

coping and stress adaptation. The within-couple analyses of this research allowed an examination of how two spouses within the same marriage handled stressful events occurring in a stepfamily context. Within couple analyses are particularly powerful because they control for many extraneous sources of variance linked to the person or response tendencies (Larson & Almeida, 1999). These type of analyses permit the examination of changes in a person's experiences and factors that may account for these changes.

The population. The present study involved marital couples living within a stepfamily context. The population is particularly germane to the study of relationship-focused coping because maintaining the spousal relationship as well as parent-child and stepparent-stepchild relationships are key challenges faced by married couples in stepfamily contexts (Ganong & Coleman, 1994; McGoldrick & Carter, 1988). Stepfamilies have been defined as a domestic unit, consisting of a couple (married or not) in which one of the partners has at least one child from a previous marriage or union (e.g., Jacobson, 1990). Demographic projections suggest that up to half of all couples will divorce during their lifetime (Glick, 1989; Hofferth, 1985). The rate of marital dissolution for remarriages is higher than for first marriages (Spanier & Furstenberg, 1987). Approximately 25 to 40% of children will spend some time in a stepfamily following the remarriage of their parent (Ahrons & Rodgers, 1987; Glick, 1989). It has been estimated that during the 21st century there will be a greater number of stepfamilies than traditional nuclear families (Ganong & Coleman, 1984; Giles-Sims & Crosbie-Burnett, 1989; Glick, 1989).

Research suggests that stepfamilies are at risk for stress (e.g., Bray & Berger, 1993; Bray & Heatherington, 1993; Hetherington, Bridges, & Insabella, 1998; Hobart, 1990; Jacobson, 1990; Wallerstein & Blakesless, 1989). The literature has described a number of challenges and strains often experienced by stepfamilies, such as differences in attitudes about child-rearing and stepparenting roles (Keshet, 1990; Pasley, Koch, & Ihinger-Tallman, 1993; Whitsett & Land, 1992), conflicting loyalties between the parent and biological children and the new spouse (Kheshgi-Genovese & Genovese, 1997; Papernow, 1987), conflicts between divorced parents (Bray & Heatherington, 1993), diminished family cohesion (Bray & Berger, 1993), the assumption of new roles and relationships that are fraught with complexity and ambiguity (McGoldrick & Carter, 1988), conflicts surrounding the distribution of financial resources (Crosbie-Burnett & Ahrons, 1985; Fishman, 1983), difficulties associated with children going between two households (e.g., residential and noncustodial) (Bray, 1991), and conflicts between subsystems of the stepfamily (e.g., stepparents and stepchildren, biological children and stepchildren; McGoldrick & Carter, 1988). Research indicates that over a relatively long period of time stepfamilies find ways of adapting to their stress and of diminishing their stress levels. For example, Zeppa and Norem (1993) found that the stress levels among stepfamilies become equal to the stress levels among first-family marriages by the fourteenth year of marriage.

Nonetheless, many marriages involving stepchildren do not last. As many as 40% of remarriages end within five years (Becker, Landes, & Michael, 1977). Couples with stepchildren appear to be at particular risk for marital dissolution (see Jacobson, 1990, for a review). For example, White and Booth (1985) found that the divorce rates of

remarried couples with stepchildren were twice as high as remarried couples without stepchildren. Despite ample evidence of stress associated with stepfamily living, scant attention has been paid in the literature to stress and coping processes within the stepfamily context. To my knowledge, there are no studies in the current literature that have examined within-couple processes of stress and coping within stepfamily contexts, which have employed the structured-diary repeated measures methodology of the present study.

Hypotheses

Research Questions

The present study adopted a process-oriented, contextual approach to examine daily stress and coping processes *within* couples. The primary aim of this research was to examine the correlates and consequences of empathic responding, a form of relationship-focused coping. In keeping with the literature that suggests a powerful role of close relationships in stress adaptation, this research also investigated the contribution of marital adjustment to the prediction of relationship-focused coping and adaptational outcomes. Hence, the present research addressed two central questions: 1) What antecedents and consequences are associated with empathic responding? 2) How does the general quality of the marital relationship influence daily stress and coping processes within couples?

Study Hypotheses

The terms “predict,” “predictors,” and “prediction” are meant in the statistical sense. Primary hypotheses and exploratory questions that spawned the study’s data analyses are presented below. Hypotheses were grouped in two sets: one set predicting coping, and the other set predicting stress adaptational outcomes.

Hypotheses Set 1. The first set of hypotheses addressed the prediction of relationship-focused coping via empathic responding. Given previous research establishing links between marital satisfaction and empathy (e.g., Long & Andrews, 1990; Gottman, 1993), it was anticipated that perceived marital adjustment would be significantly related to the use of empathic responding within couples. Given the significant role of cognitive appraisal as a determinant of coping in previous studies and the theoretical importance of appraisal in the cognitive-transactional model of stress and coping (e.g., Aldwin, 1994; Folkman, Lazarus, Dunkel-Schetter et al., 1986; Folkman, Lazarus, Gruen et al., 1986; Lazarus & Folkman, 1984; Park & Folkman, 1997), it was expected that the perceived seriousness of the stressor would be an independent predictor of empathic responding within couples. This hypothesis is also consistent with Davis's (1994) conceptualization of antecedents of empathic processes. Davis suggests that the strength of the situation is an important determinant of empathic processes. Considering this, it was anticipated that when more personal significance was attached to family stressors, these situations would be associated with greater use of empathic responding.

Hypothesis 1a) It was expected that in HLM analyses marital adjustment would be an independent and significant predictor of empathic responding. Higher marital adjustment was anticipated to be associated with higher reported use of empathic responding.

Hypothesis 1b) It was expected that in HLM analyses perceived stressor seriousness would be an independent and significant predictor of empathic

responding. Higher perceived stressor seriousness was expected to be associated with higher reported use of empathic responding.

Hypotheses Set 2. The remaining hypotheses in the study addressed adaptational outcomes. Both personal and interpersonal outcomes were examined in the present study. The study examined the following outcomes: coping efficacy, mood, and marital tension.

In terms of coping efficacy, it was expected that marital adjustment and empathic responding within couples would be significant predictors of coping efficacy. Previous research suggests that higher marital quality predicts better adaptation to stress (see Revenson, 1994; Cutrona, 1996). In this study, it was expected that higher marital adjustment would be related to higher reports of coping efficacy. Past research, theoretical work, and clinical work suggests that empathic responding may be an effective way of managing interpersonal stress (e.g., Gottman, 1993, 1994; 1998; Beach et al., 1990; Notarius & Herrick, 1988; Burleson, 1990). Thus, it was expected that reports of higher empathic responding would be related to higher reports of coping efficacy.

Hypothesis 2a) It was expected that in HLM analyses, marital adjustment would be a significant predictor of coping efficacy. It was anticipated that higher marital adjustment would be associated with higher coping efficacy.

Hypothesis 2b) It was expected that in HLM analyses, empathic responding would be a significant predictor of coping efficacy. It was expected that increased empathic responding would be related to higher coping efficacy.

In terms of mood, it was expected that stressor seriousness, marital adjustment, marital tension, and perceived coping efficacy would be independent predictors of negative affect. Past research has indicated that daily interpersonal stressors have an adverse effect on mood (e.g., Bolger et al., 1989). Therefore, it was expected that higher stressor seriousness associated with family stressors would be associated with higher negative affect, and that this effect would be most pronounced on the day that stress occurs. Previous research has suggested that for most types of stressors, the effects of stress on mood are usually observed within a day, but not across days (Bolger et al., 1989; DeLongis et al., 1988).

Previous research, using matched-pair couple analyses, suggests that higher marital quality is associated with better mood (e.g., Barnett, Marshall, Raudenbush, & Brennen, 1993; Barnett et al., 1995; Windle & Dumenci, 1997). Therefore, it was expected that higher marital adjustment would be associated with lower negative affect. Consistent with previous daily process studies (Bolger et al., 1989) and the larger marital literature, it was expected that marital tension or conflict would be significantly related to negative affect both on the day stress occurred and on the next day. Given the theoretical significance of coping efficacy as a mediator of stress processes (Lazarus & Folkman, 1984), it was expected that higher perceived coping efficacy would be related to lower negative affect on days that stress occurred. To my knowledge, no previous studies have examined lagged effects of coping efficacy on mood; thus, no hypotheses about lagged effects were put forth. However, lagged effects were examined for exploratory purposes.

No specific hypotheses were put forth about the effects of empathic responding on mood. Previous research (e.g., Schaller & Cialdini, 1988) indicates that the cognitive-affective aspects of empathic responding tend to increase negative affect via vicarious experiencing of emotion or emotional reactions to the plights of other, but subsequent behavioral aspects of empathic responding (caring gestures, empathic helping) tend to produce a reduction in negative mood. Given that the study's measure of empathic responding included cognitive-affective and behavioral aspects of empathic responding, it was difficult to predict mood effects. Therefore, exploratory analyses were conducted to examine the effects of empathic responding on mood.

Hypothesis 3a) It was expected that in HLM analyses, stressor seriousness would be an independent predictor of negative affect on days when stress occurred. Higher stressor seriousness was expected to be related to higher negative affect.

Hypothesis 3b) It was expected that in HLM analyses, marital adjustment would be an independent predictor of negative affect on days stress occurred and on the next day. Higher marital adjustment was expected to be related to lower negative affect.

Hypothesis 3c) It was expected in HLM analyses, marital tension would be an independent predictor of negative affect on days stress occurred and on the next

day. It was anticipated that higher marital tension would be related to higher negative affect on days stress occurred and on the next day.

Hypothesis 3d) It was expected in HLM analyses, perceived coping efficacy would be an independent predictor of negative affect on days stress occurred. Higher perceived coping efficacy was expected to be associated with lower negative affect on days that stress occurred.

In terms of marital tension, it was expected that marital adjustment and empathic responding within couples would be related to daily marital tension. It was anticipated that higher use of empathic responding would be related to lower marital tension, both on days that stress occurred and on the following day. This hypothesis was based on research indicating that marital tension or conflict is diminished when partners convey empathy during interactions (e.g., Bray, 1995; Gottman, 1993, 1994). Previous marital research indicates that couples in higher quality marriages tend to communicate in a more relationship-maintaining manner during conflict (e.g., less negative affect reciprocity, less cross-complaining, and more expressions of empathy, understanding, and validation). Partners within high quality marriages also tend to make less negative attributions about their partners during conflict. It has been suggested that these communication patterns and attributional process allow couples with better marital quality to manage conflict more effectively (for reviews, see Cutrona, 1996; Fincham & Beach, 1999; Gottman, 1998). Given this, it was expected that higher marital adjustment would be related to

lower marital tension within couples, both on days that stress occurred and on the following day.

Hypothesis 4a) It was expected that in HLM analyses, empathic responding would be a significant predictor of marital tension. It was expected that increased use of empathic responding would be related to lower marital tension on days stress occurred and on the next day.

Hypothesis 4b) It was expected that in HLM analyses, marital adjustment would be a significant predictor of marital tension. It was expected that reports of higher marital adjustment would be related to lower reports of marital tension on days stress occurred and on the next day.

Method

Overview of Study Design

This research was drawn from data collected in a multi-method study (i.e., structured interview, battery of questionnaires, and structured diary) investigating stress and coping processes within married couples living in a stepfamily context. The primary objective of the present study was to increase understanding of the social foundations of coping within married couples. The study examined correlates and consequences of empathic responding, a form of relationship-focused coping (RF) coping. Perceived stressor seriousness and marital adjustment were examined for their significance in predicting the use of empathic responding. The effects of daily RF coping on daily perceived coping efficacy, mood, and marital tension were investigated as well.

The study design had three distinct components. The first component was a structured telephone interview, in which each member of the couple was interviewed separately. The interview included an assessment of marital quality, parent-child relationship quality, social support, psychological well-being, and challenges related to living within a stepfamily context. The second component consisted of a questionnaire package, which was completed at home following the first interview. This package contained standard measures of various dimensions of personality, social support, and health. The third component of the study involved the use of structured diaries, which were completed by respondents twice per day for a period of one week following the first interview. The structured diary data assessed fluctuations in daily stress, coping, coping efficacy, mood, and relationship quality. Measures of daily stressor seriousness, coping,

and coping efficacy were assessed once daily. Measures of daily mood and relationship functioning were assessed twice daily. Only those measures that were used in this study will be described below.

Sample

To become study participants, couples had to meet the following requirements: 1) be married or living together in a common law relationship, 2) have at least one child from a previous union residing in the home for at least three months of the past year, and 3) be fluent in English. The latter requirement was imposed due to difficulties in recruiting and administering measures in more than one language. In addition, norms for our standard measures applied only to individuals fluent in English. Both partners in each couple were asked to participate. Common law couples will be referred to as "married" from this point forward. Only those couples who completed all phases of the study were included in the study (N = 82 couples).

Sample Characteristics. The average age of men was 47.53 years (range = 28 – 64), and the average age of women was 47.10 years (range = 33 - 67). A paired t-test indicated no significant age differences between partners ($t = -.52$, $p > .10$, $df = 78$). The mean years of education was 14.04 years for men (range = 8 - 17) and 13.84 years for women (range = 7-17). A paired t-test indicated no significant educational differences between partners, $t = .52$, $p > .10$, $df = 74$). The mean family income for the couples in this study was \$79,000 CDN (range = 16,000 to 400,000). The mean number of years living together married or partnered was 4.5 years (range = less than 1 year to 12 years). Eighty-two percent of couples were married and 12% were common-law unions. The

vast majority of respondents had at least one previous union or marriage (men, 88%; women, 91%). Only 2% of women and 5% of men indicated that their previous union had ended due to death of their spouse. The average number of children living in the stepfamilies was 3 (range = 1 to 8). Most participants worked outside the home (78%) or worked within the home (5.7%). The majority of respondents were born in Canada (73%). The countries of origin for those not born in Canada were primarily English-speaking countries (United States, 7%, Britain, 8%).

Procedure

Study participants were recruited from the lower mainland of British Columbia via newspaper and radio advertisements, notices in school newsletters, posters on community center bulletin boards, and solicitation at several community stepfamily groups and organizations. The majority of respondents (71%) reported hearing of the study through newspapers or radio, and 29% reported learning of the study via posters or word of mouth. Interested couples who met the study requirements were asked to telephone the laboratory for more information. Couples contacting the laboratory were sent a description of the study's goals and procedures, an information sheet with questions about their family composition, and a consent form. The letter also informed respondents that all participating couples would be entered in a random \$500 drawing. Those couples willing to participate in the study returned completed information sheets and consent forms. Due to time constraints in the latter part of the data collection, this information was solicited over the phone. The consent form was read to them over the phone, and the respondent gave their consent verbally over the phone; these participants

were also mailed a consent form and asked to sign it and return it as soon as possible. Subsequently, trained interviewers completed a telephone interview. Each spouse was assigned to a different interviewer, and each interviewer was blind to the information received from the other spouse. All interviewers were female. Interviewer training was conducted by the author and proceeded according to protocols and conventions outlined in the Social Research Institute's Interviewer Training Manual (Guenzel, Berckmans, & Kannell, 1983). Permission to tape-record the section containing the open-ended questions was obtained from each subject to allow for verbatim transcription of the interview. These tapes were used to ensure that interviewers followed standardized protocol. At the conclusion of the telephone interview, the questionnaire package and structured diary portions of the study were further explained to the participants. Study materials were then mailed to the participants.

In the structured diary portion of the study, respondents were asked to complete the diary twice daily for a period of one week. Respondents were asked to complete the diary entries "around lunch time or mid afternoon" and "just before going to sleep at night." At each diary entry timepoint, participants were asked to record the date and time that they completed their diary entry.

Participants were encouraged to complete their study materials independently of their spouses. The instructions read: "We ask you and your spouse complete all study material separately and that you do not discuss your responses with one another until after the material has been returned to us." To increase confidentiality and privacy,

participants were provided a number of self-adhesive tabs to seal off each day's diary entry once completed.

Measures

Interview Measures

Demographics. Respondent and family demographics were assessed during the interview. This study utilized the following demographic variables as control variables: age, socioeconomic status (SES) (i.e., total family income and years of formal education for each respondent), and gender.

Marital Adjustment. Marital adjustment was assessed by the *Spanier Dyadic Adjustment Scale* (DAS; Spanier, 1976). The DAS is a widely used measure of marital adjustment. The scale is comprised of four subscales: cohesion, consensus, affectional expression, and satisfaction. The DAS has been used to discriminate distressed from undistressed couples (Spanier, 1976), and has been found to be a sensitive index of change in marital therapy (e.g., Baucom, Sayers, & Sher, 1990). This scale was administered during the telephone interview. Slight modifications were necessary to make it more appropriate for administration during a telephone interview. The modifications included minor rewording of several questions and a change in the scale options (i.e., the original 6-point scale of always agree to always disagree was modified to a five-point scale of never disagree to always disagree). In addition, three items were dropped. Two dropped items concerned leisure and recreation, and the other item concerned the future of the relationship and had a complex six part response format.

These items were dropped to reduce the overall length of the phone interview and to avoid confusion arising from inconsistent response formats. A 5-point scale range was used for all items. This scale alteration was devised to make the DAS response scale consistent with the majority of other Likert scales used in the telephone interview. The DAS score used in this study was the mean of the scale's items. Higher scores indicated higher marital adjustment. The coefficient alpha for the dyadic adjustment scale in this study was .92, which is comparable to the alpha of .96 reported by Spanier (1976).

Diary Measures

Daily Stressors. Each evening, participants were asked to describe the most stressful current family problem. The following instructions were given to guide subjects in their choice: "Please describe briefly the most bothersome event or problem you had with someone in your family today. It might have been something as minor as your child's distress over something that happened in school or it might have been a major argument or disagreement. Whatever your **most serious family problem was today** (no matter how minor or trivial it may seem to you), please describe it here." Participants were then asked to respond to a number of questions regarding the stressor.

Seriousness of Stressor. After describing the most serious family problem, respondents were asked to rate the severity or seriousness of the stressor with the following item: "How **serious** was this for you?" Seriousness was rated on a 4-point scale, ranging from "not at all" to "a lot." Higher scores indicated higher perceived stressor seriousness.

Relationship-focused Coping (RF). A briefer form of our Empathic Responding Scale (O'Brien & DeLongis, 1996) was used to assess RF coping. The measure was shortened to allow it to be sufficiently brief for inclusion in a diary study. The measure was developed to tap cognitive-affective and behavioral aspects of empathic responses. Six items were used to assess Empathic Responding. Cognitive-affective aspects of Empathic Responding were assessed with these three items: "Imagined myself in the other person's shoes," "Tried to see things from the other person's perspective," and "Tried to understand how the other person felt." Behavioral aspects of Empathic Responding were assessed with these three items: "Tried to help the other person(s) involved by doing something for them," "Tried to help the other person(s) involved by listening to them," and "Tried to comfort the other person(s) involved by showing them my positive feelings for them." Participants were asked to describe their use of each strategy on a 3-point scale, ranging from "not at all" to "a lot." Higher scores indicated higher use of empathic responding. The alpha coefficient for the empathic responding scale in this study was .89, which is comparable to the alpha of the 10 item scale empathic responding scale (alpha = .92) reported in O'Brien & DeLongis, 1996.

Negative Affect. Daily negative affect was assessed by a shortened version of the *Positive and Negative Affect Schedule* (PANAS; Watson, Clark, & Tellegen, 1988). Participants were asked: "Circle the number that best describes how much you experienced the following emotions **so far today / since your last diary entry**." The following adjectives were employed: "guilty, nervous, upset, irritable, and afraid." These descriptors comprised one item from each of the five content areas of the original scale assessing negative affect (NA). A 3-point scale was used, ranging from "not at all" to "a

lot.” Higher scores indicated higher levels of negative affect. This measure appeared twice daily in the diary, once in the morning and once in the evening. The alpha coefficient for this scale was .84. This alpha for NA in the present study is comparable to the multi-sample alphas for NA reported by Watson & Clark (1992), which ranged from .83 to .87. For the present study, higher scores indicate higher negative affect.

Marital Tension. The extent of daily marital tension was assessed twice daily by the following question: “So far today / since your last diary entry, how much tension or conflict has there been in your relationship with your spouse?” A 5-point Likert scale was used, ranging from “does not apply” to “a lot.” Higher scores indicated higher levels of marital tension. For the analyses in this study, “does not apply” responses were coded as missing data.

Coping Efficacy. Coping efficacy was measured once daily in the evening with the following question: “Given the circumstances, how well do you feel you handled this problem?” A 5-point likert scale was used, with the following choices “very poorly”, “somewhat poorly”, “fair”, “pretty well”, and “extremely well.” Higher scores indicated higher levels of perceived coping efficacy.

Results

The results of this study are presented in three sections. The first section describes univariate and bivariate relations of study variables. In the first set of analyses, diary measures were aggregated across timepoints for each subject, so that assumptions of independence inherent in these statistical procedures would not be violated. Univariate and bivariate analyses were run separately for husbands and wives, except for paired t-test and paired correlation analyses. The second section describes properties of the time-series data (i.e., autocorrelation analyses). The third section presents the results of hierarchical linear modeling analyses of within-person and within-couple variation in daily stress and coping. Data were not aggregated in the HLM analyses because this statistical approach is able to handle dependencies within the data (i.e., dependencies that arise from repeated measures and dependencies that arise between marital partners)(e.g., Barnett et al., 1993, 1995; Raudenbush, Brennan & Barnett, 1995). A significance level of $p < .05$ was used for all analyses in this study.

Descriptive statistics of study variables

Univariate and bivariate results. The means, standard deviations, paired t-tests, and paired correlations are presented in Table 1. Paired t-tests indicated no significant differences between marital partners on dyadic adjustment ($t(82) = .09$, ns), morning marital tension ($t(82) = 1.44$, ns) and evening marital tension ($t(82) = 1.94$, ns). No significant differences between partners were found for empathic responding ($t(82) =$

1.34, ns). Paired t-test analyses of stressor seriousness and negative mood showed significant differences between partners, indicating that wives reported average higher levels of stressor seriousness and negative mood than their husbands (stress seriousness, $t(82) = 2.28, p < .05$; morning negative mood, $t(82) = 2.84, p < .01$; evening negative mood, $t(82) = 3.30, p < .01$). Paired correlations revealed no significant interspousal relations for morning mood ($r = .19, \underline{ns}$), and empathic responding ($r = .18, \underline{ns}$). Paired correlations showed significant interspousal correlations for dyadic adjustment ($r = .64, p < .001$), stressor seriousness ($r = .43, p < .001$), evening mood ($r = .47, p < .001$), morning marital tension ($r = .52, p < .001$), and evening marital tension ($r = .69, p < .001$).

Table 1. Descriptive and bivariate statistics for study variables: Aggregated diary measures. Means, standard deviations, paired t-tests, and paired r of study variables for husbands and wives.

Variables	Husbands		Wives		Paired t	Paired r
	Mean	<u>SD</u>	Mean	<u>SD</u>		
Dyadic Adjustment	4.14	.50	4.15	.45	.09	.64***
Stressor Seriousness	2.42	.59	2.59	.61	2.28*	.43***
AM Negative Affect	1.18	.19	1.27	.22	2.84**	.19
PM Negative Affect	1.21	.19	1.30	.23	3.30**	.47***
AM Marital Tension	1.28	.38	1.33	.38	1.44	.52***
PM Marital Tension	1.42	.41	1.50	.45	1.94	.69***
Coping Efficacy	3.50	.51	3.59	.58	.89	.02
Empathic Responding	1.70	.33	1.77	.39	1.34	.18

Note. * $p < .05$; ** $p < .01$; *** $p < .001$

N=82 husbands, N= 82 wives

N=82 couples for paired analyses

Diary variables (stressor seriousness, mood, marital tension, coping, coping efficacy) were aggregated over timepoints.

Between-person correlations among dyadic adjustment and aggregated diary study variables are presented in Table 2. Empathic responding (ER) was positively associated with coping efficacy, but these relations were only significant for husbands (husbands $r =$

31, $p < .01$; wives $r = .18$, $p = .10$). ER coping was significantly related to morning negative mood for husbands ($r = .24$, $p < .05$), but not for wives ($r = .16$, ns). ER coping was significantly associated with evening negative mood for wives ($r = .30$, $p < .01$), but not for husbands ($r = .14$, ns). ER coping was significantly associated with morning marital tension for husbands ($r = .29$, $p < .01$), but not for wives ($r = .14$, ns). ER coping was not significantly related to evening tension for either husbands ($r = .18$, ns) or wives ($r = .04$, ns).

Morning marital tension was positively and significantly related to morning negative mood for husbands ($r = .54$, $p < .001$) and for wives ($r = .51$, $p < .001$). Significant positive relations were also found between morning marital tension and evening negative mood for husbands ($r = .50$, $p < .001$) and for wives ($r = .50$, $p < .001$). Evening marital tension was positively and significantly associated with evening negative mood for husbands ($r = .52$, $p < .001$) and wives ($r = .57$, $p < .001$). Significant positive relations between morning negative mood and evening marital tension were found for husbands ($r = .38$, $p < .001$) and for wives ($r = .43$, $p < .001$).

Dyadic adjustment was significantly related to stressor seriousness for wives ($r = -.29$, $p < .01$) but not for husbands ($r = -.19$, ns). Dyadic adjustment was significantly and negatively related to morning negative mood for husbands ($r = -.29$, $p < .01$) and wives ($r = -.24$, $p < .05$). Dyadic adjustment was negatively related to evening negative mood, but these relations were significant only for husbands ($r = -.34$, $p < .01$). Dyadic adjustment was significantly and negatively related morning and evening marital tension for both husbands (morning $r = -.56$, $p < .001$; evening $r = -.37$, $p < .01$) and wives (morning $r = -.38$, $p < .001$; evening $r = -.30$, $p < .01$).

Stressor seriousness was significantly and positively related to morning and evening negative mood for husbands (morning $r = .37$, $p < .01$; evening $r = .44$, $p < .001$) and wives (morning $r = .29$, $p < .01$; evening $r = .38$, $p < .001$). Stressor seriousness was significantly and positively related to morning and evening marital tension for husbands (morning $r = .37$, $p < .01$; evening $r = .37$, $p < .01$) and wives (morning $r = .46$, $p < .001$; evening $r = .51$, $p < .001$). Significant negative relations between stressor seriousness and coping efficacy were found for husbands ($r = -.28$, $p < .05$) and for wives ($r = -.36$, $p < .01$). For wives, coping efficacy was negatively and significantly related to evening marital tension ($r = -.27$, $p < .05$).

Table 2. Intercorrelations of Study Variables
(Wives Top Diagonal, Husbands Bottom Diagonal)

Variables	1	2	3	4	5	6	7	8
1. Dyadic Adjustment	-	-.29**	-.24*	-.15	-.38***	-.30**	.15	.21
2. Stressor Seriousness	-.19		.29**	.38***	.46***	.51***	-.36**	.09
3. AM Negative Mood	-.29**	.37**		.80***	.51***	.43***	-.05	.16
4. PM Negative Mood	-.34**	.47***	.83***		.50***	.57***	-.04	.30**
5. AM Marital Tension	-.56***	.37**	.54***	.50***		.68***	-.14	.14
6. PM Marital Tension	-.37**	.37**	.38***	.52***	.65***		-.27*	.04
7. Coping Efficacy	.24*	-.28*	-.06	-.20	-.03	-.06		.18
8. Empathic Responding	.03	.003	.24*	.14	.29**	.18	.31**	

Note. * $p < .05$; ** $p < .01$; *** $p < .001$; N=82 husbands, N= 82 wives
Diary microlevel measures are aggregated across timepoints

One-day lagged autocorrelations for dairy variables are presented in Table 3.

These results indicate a low to moderate degree of correlation in daily diary measures across one-day lags. These analyses suggest variability in daily diary measures, as well as a reasonable degree of stability in most daily diary measures.

Table 3. One-day lagged autocorrelations of diary variables.

	Mean	SD
Stressor Seriousness	.18	.03
AM Negative Affect	.28	.03
PM Negative Affect	.31	.03
AM Marital Tension	.24	.03
PM Marital Tension	.20	.03
Coping Efficacy	.11	.03
Empathic Responding	.26	.03

Hierarchical Linear Modeling Analyses

Data Analytic Strategy

Until recently, researchers with couples data had relatively few tools at their disposal to capture the richness of their data. Due to a lack of statistical methods and concerns about the data dependency between marital partners, many researchers were compelled to conduct separate analyses for wives and husbands or alternatively to conduct studies of marital phenomenon by sampling unrelated respondents (e.g., using only one member of a couple). Although these types of analyses may provide useful information, they cannot estimate within-couple variation or couple system effects. Thus, these methods have little to offer for researchers interested in the examination of *within-couple* processes (Raudenbush et al., 1995). Raudenbush et al. (1995) have noted that a more appropriate model for examining couple data "should incorporate the dependence that arises because of the nesting of persons within couples" (p. 163).

With the advent of multilevel modeling methodologies (e.g., Hierarchical Linear Modeling [HLM; Bryk & Raudenbush, 1992]), researchers now have statistical methods that can handle data dependencies (i.e., the interdependence between members of a couple or groupings, or the dependence that arises when repeated measures are given to subjects). Given this, a number of recent studies have utilized HLM analytic methods, with applications for matched pairs, for the examination of couple data and the explication of within-couple processes (e.g., Almeida & Kessler, 1998; Barnett et al., 1993, 1995; Karney & Bradbury, 1995; Raudenbush et al., 1995; Thompson & Bolger,

1999; Windle & Dumenci, 1997). Within-couple variation is modeled at level 1 and between couple variation is modeled at level 2 in HLM. This method allows for simultaneous estimation of within-couple variation and between-couple variation. Moreover, HLM analytic procedures for couple data can take into account both couple-level and individual-level predictors as well as time varying and time-invariant predictors (Barnett et al., 1995).

The HLM analyses of this study were modeled on the approach delineated by Barnett et al. (1995). Couple repeated-measures data analyses are based on a multilevel data array of i couples measured at t timepoints. In accordance with Barnett et al., a two-level model was employed. In the Level 1 specification of within-couple variation, separate regression slopes and intercepts are estimated for each couple. In the level 2 specification of between couple variation, the level 1 regression parameters are used to estimate average parameter estimates for all couples as well as the amount of variation around this average. Variables (or covariates) that have differing values within a couple are added at Level 1 (e.g., gender, prior mood, coping), and variables that have a common value within the couple are added at Level 2 (e.g., family income). A random intercept model was employed for all analyses.

Level 1 Model. Within couples, variation arises due to gender differences. Hence, the following model was formulated to estimate both within couple variation and individual variation within couples. Although more than one predictor was included in the models used for analyses, the following explanatory model has one predictor (besides gender) for ease of illustration.

$$Y_{it} = \pi_{0i} + \pi_{1i} (\text{Predictor})_{it} + \pi_{2i} (\text{Gender})_{it} + \pi_{3i} (\text{Gender X Predictor})_{it} + e_{it}$$

Y_{it} is the observed outcome t (e.g., marital tension) for Couple i , with $t = 1, \dots, 12$ (for lagged analyses) or 14 (for same day analyses) daily outcomes per couple (e.g., in same day analyses, 7 outcomes for the wife and 7 outcomes for the husband) and $i = 1, \dots, 82$ couples.

π_{0i} is the intercept and represents the mean outcome for Couple i over all timepoints.

π_{1i} (Predictor) is the coefficient defining the effects of the predictor on the outcome for Couple i .

π_{2i} (Gender) is the coefficient defining the effects of gender on the outcome for Couple i . Gender was effect-coded, coded 1 for women and -1 for men.

π_{3i} (Gender X Predictor) is the coefficient defining the product of the gender contrasts and the predictor so that π_{3i} captures the gender differences in the effects of the predictor on the outcome for Couple i .

e_{it} is the measurement error assumed to be normally and independently distributed with a mean of 0 and variance σ^2 .

Level 2 Model. The random couple effects are denoted by u_{0i} . β is the average value of each π . β_0 , the intercept, is the grand mean of the outcome variable for all couples. β_p is the average effect of the predictor π for all couples. The predictor coefficients (β_p) have been constrained to have fixed effects.

$$\text{Level 2, } \pi_0 = \beta_0 + u_{0i}$$

$$\pi_{1i} = \beta_1$$

$$\pi_{2i} = \beta_2$$

$$\pi_{3i} = \beta_3$$

Overview. As previously noted, all HLM analyses utilized a random-intercept model. With a random intercept model, the intercept is specified as random and the slopes are specified as fixed. The study's analyses focused upon the examination of within-couple variation in stress and coping processes; however, the between-couple

variation was partitioned in the model. In other words, between couple variation in the dependent variables were taken into account during the estimation of within-couple effects.

Within couple variation between husbands and their wives was estimated by examining direct gender effects and gender interactions with explanatory variables. In examining direct gender effects and gender interactions in the type of couple HLM analyses employed in the present study, the researcher is able to draw a number of conclusions. If the effect of gender is significant, one can conclude that, on average, wives differ significantly from their husbands (or vice versa) on the dependent variable. If gender interactions are significant, one can conclude that the effects of the independent variable, on average, differ significantly between wives and their husbands. If no gender effects are found, one can conclude that the effects of the independent variable on the dependent variable are essentially, on average, the same for both persons within the marriage. Barnett et al. (1995) have noted that married persons may be more similar to each other than the average man and woman in the population at large due to mate selection, shared circumstances, or reciprocity.

Preliminary analyses included the demographic variables of age, years of education, and family income for all sets of analyses. These variables were not significant in any of these analyses, so they were omitted from the models in the final set of analyses presented here. Omitting nonsignificant terms from model equations is the recommended state-of-the-art practice for HLM model specification (Bryk & Raudenbush, 1992; Kreft & deLeeuw, 1998; Snijders & Bosker, 1999). This practice

permits a more valid testing of study hypotheses and is utilized to improve the fit of the model. However, when interaction effects are significant in the model, it is recommended that all terms involved in the interaction term be retained in the model.

Hierarchical Linear Modeling Analyses Predicting Coping

The first set of HLM analyses examined the roles of gender, dyadic adjustment, and stressor seriousness in the use of empathic responding. The results are shown in Table 4. In these analyses, all variables were standardized, except for gender, which was effect coded (females = 1; males = -1). With this type of effect coding for gender, a positive beta coefficient indicates that the effects of the independent variable are stronger in females, and a negative beta coefficient indicates that the effects are stronger for males. In preliminary analyses, gender interactions were tested, but they were nonsignificant. Following the recommendations of Kreft and deLeeuw (1998), nonsignificant interaction terms were omitted to limit multicollinearity in the model. Hence, when gender interactions were nonsignificant in preliminary analyses, the model was respecified, and these terms were omitted. The final model can be expressed as:

$$Y_{it}(\text{Empathic Responding}) = \beta_{0it} + \beta_{1it}(\text{Gender}) + \beta_{2it}(\text{Dyadic Adjustment}) + \beta_{3it}(\text{Stressor Seriousness}) + e_{it}.$$

In this analysis, gender was nonsignificant in the prediction of empathic responding ($\beta = .03$, $t(1144) = .82$, ns), suggesting that, on average, partners within couples do not differ in use of empathic responding. Testing the effects of the marital context on coping, results showed positive and significant relations between dyadic

adjustment and empathic responding ($\beta = .14$, $t(1144) = 2.87$, $p < .01$). These findings suggest that, higher dyadic adjustment is associated with greater use of empathic responding for both husbands and their wives. Conversely, lower dyadic adjustment is related to lower use on empathic responding for wives and their husbands.

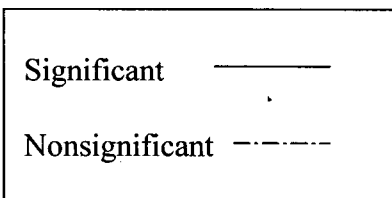
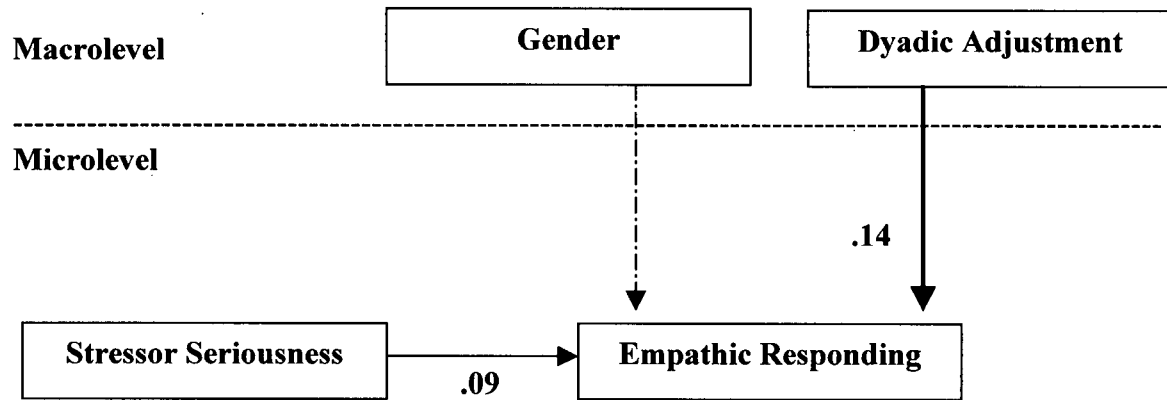
Examining the effects of daily stressor severity on daily coping, results indicated that stressor seriousness was positively related to the use of empathic responding ($\beta = .09$, $t(1144) = 2.60$, $p < .05$). These results suggest an increased use of empathic responding within couples during stressful family events perceived to be higher in severity or seriousness.

Table 4. Hierarchical Linear Model (HLM) Analysis: Relations of gender, dyadic adjustment, and daily measures of perceived stressor seriousness to daily measures of empathic responding.

Predictors			
	<u>Coefficient</u>	<u>SE</u>	<u>t</u>
Gender	.03	.03	.82
Stressor Seriousness	.09	.04	2.60*
Dyadic Adjustment	.14	.05	2.87**

Note. * $p < .05$; ** $p < .01$; *** $p < .001$

Figure 1. Relations of gender, dyadic adjustment, and daily measures of perceived stressor seriousness to daily measures of empathic responding.



Hierarchical Linear Modeling Analyses Predicting Outcomes

Perceived coping efficacy, marital tension, and negative affect were assessed as outcomes in this study. In these analyses, all variables were standardized, except for gender and coping. As noted earlier, gender was effect coded (females = 1; males = -1). Coping was centered around the mean of each individual's average coping score during the study. By computing these deviation scores for each individual, examinations of within-person effects of coping were made possible (Raudenbush et al., 1995). Further, by using deviation scores for coping, each person becomes his or her own control, thereby diminishing possible effort effects that may confound relations between coping scores and outcomes (see also, Aldwin, 1994; Vitaliano, Maiuro, Russo, & Becker, 1987). This type of centering allows one to examine the effects of individual changes in coping during the period of observation. For example, one can address questions such as what are the effects of increased usage of empathic coping? In other words, what happens when individuals use more empathic coping than they do on average? Clinically, this is a very important question, because it may be easier to facilitate greater usage of a strategy already in a client's repertoire than to encourage people to use new strategies that are not currently in clients' skill sets or coping repertoires.

The prediction of coping efficacy

The effects of stress, coping, and dyadic adjustment on perceived coping efficacy were tested, and the results are shown in Table 5. For these analyses, only same day

effects were estimated because coping and coping efficacy were assessed once daily during the evening reporting in the structured diary. Therefore, an examination of lagged effects of perceived coping efficacy would be confounded by next day coping effects. The final model can be expressed as

$$Y_{it}(\text{Perceived Coping Efficacy}) = \beta_{0it} + \beta_{1it}(\text{Gender}) + \beta_{2it}(\text{Dyadic Adjustment}) + \beta_{3it}(\text{Stressor Seriousness}) + \beta_{4it}(\text{Empathic Responding}) + \beta_{5it}(\text{Gender X Empathic Responding}) + e_{it}.$$

Stressor seriousness was negatively related to perceived coping efficacy ($\beta = -.27$, $t(1142) = -7.69$, $p < .001$). These results suggest that, on average, both partners within a couple tend to report less perceived coping efficacy during stressful events appraised as more serious. In contrast, marital adjustment was positively related to perceived coping efficacy ($\beta = .09$, $t(1142) = 2.24$, $p < .05$). These results indicate that higher dyadic adjustment within couples is associated with higher levels of perceived coping efficacy during stressful family events for both partners. In contrast, lower marital adjustment within couples is associated with less perceived efficacy for both partners. In examining the effects of coping on perceived coping efficacy, results indicated that the effects of empathic responding varied as a function of gender (Gender X Empathic Responding; $\beta = .29$, $t(1142) = 3.59$, $p < .01$). These results indicate that, on average, for wives, changes in daily empathic responding were associated with changes in perceived coping efficacy (see Figure 3). For wives, increased use of empathic responding was associated with higher levels of perceived coping efficacy. However, for husbands, changes in daily empathic responding were not related to changes in perceived coping efficacy.

Table 5. Hierarchical Linear Model (HLM) Analysis: Relations of gender, dyadic adjustment, daily measures of perceived stressor seriousness, and daily measures of empathic responding to daily measures of perceived coping efficacy.

Predictors	Coefficient	SE	t
Gender	.02	.03	.62
Stressor Seriousness	-.27	.04	-7.69***
Dyadic Adjustment	.09	.04	2.24*
Empathic Responding	.29	.08	3.59**
Empathic Responding X Gender	.29	.08	3.59**

Note. * $p < .05$; ** $p < .01$; *** $p < .001$

Figure 2. Relations of gender, dyadic adjustment, daily measures of perceived stressor seriousness, and daily measures of empathic responding to daily measures of perceived coping efficacy.

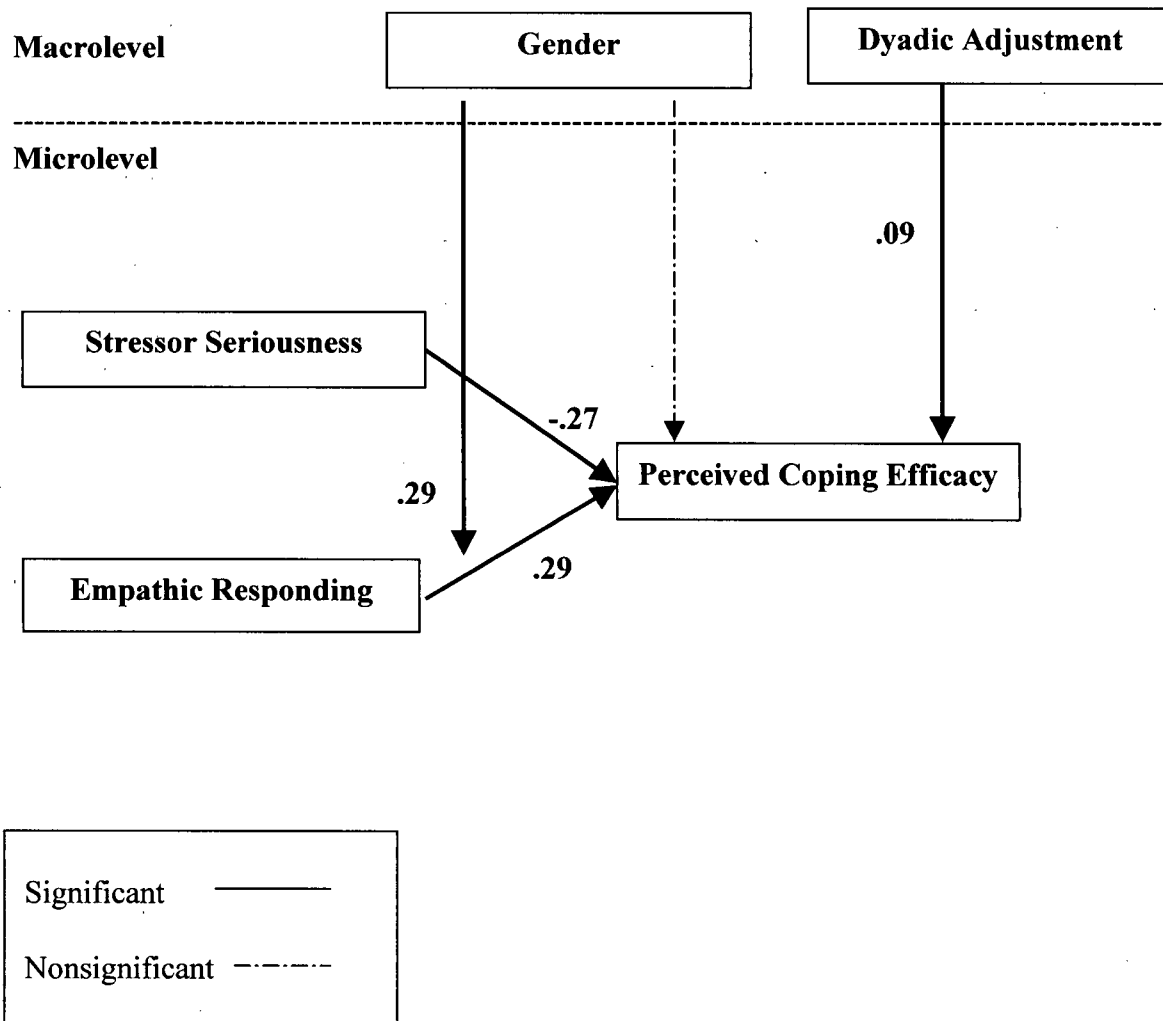
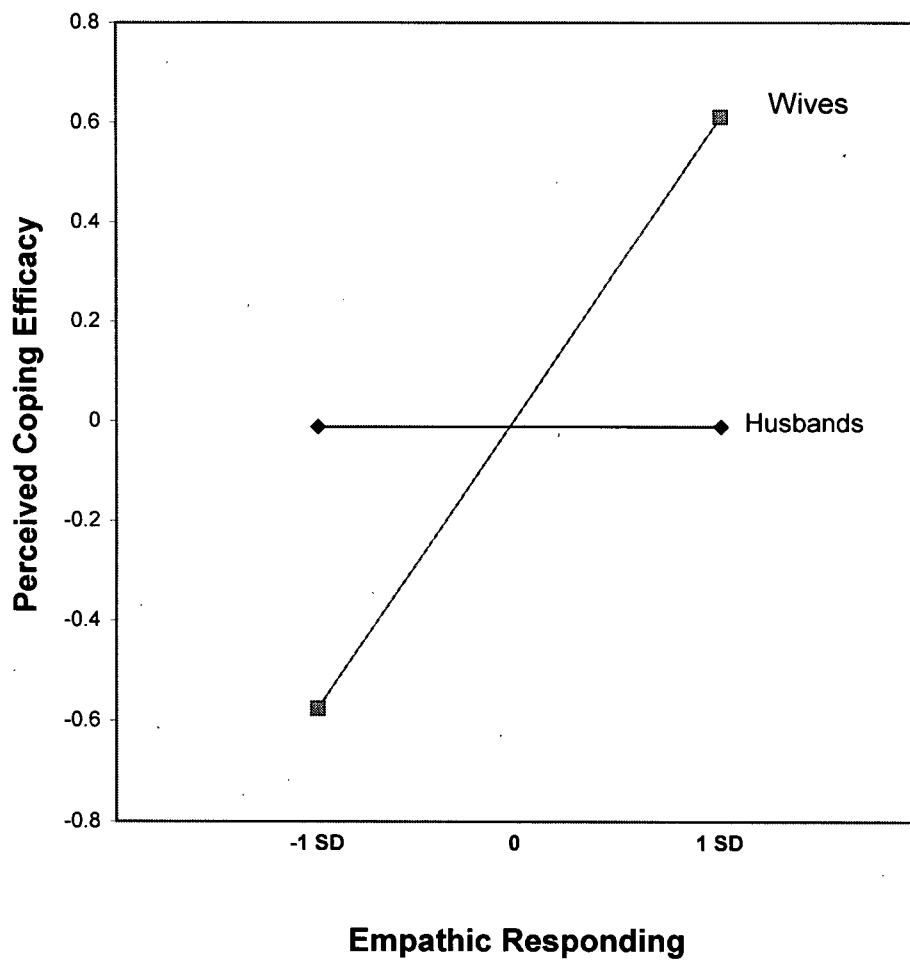


Figure 3.
The relations between gender and empathic responding
to perceived coping efficacy



The prediction of marital tension

These analyses examined both same day (i.e., day stress occurred) effects and lagged (next day) effects of stressor seriousness, dyadic adjustment, and coping on marital tension. In analyses predicting same day evening tension, prior morning marital tension was entered as a control for prior tension effects. In next day analyses, prior morning marital tension was entered to control for stable morning tension effects. This was seen as a more powerful and compelling test of tension effects, given that univariate analyses indicated that tension is generally lower in the morning than in the evening.

First, same day effects of gender, stress, dyadic adjustment and coping on evening marital tension were tested, and the results are presented in Table 6. The final model for this analysis (after omitting nonsignificant gender interactions) can be expressed as:

$$Y_{it}(\text{Evening Marital Tension}) = \beta_{0it} + \beta_{1it}(\text{Gender}) + \beta_{2it}(\text{Morning Marital Tension}) + \beta_{3it}(\text{Dyadic Adjustment}) + \beta_{4it}(\text{Stressor Seriousness}) + \beta_{5it}(\text{Empathic Responding}) + \beta_{6it}(\text{Gender X Empathic Responding}) + e_{it}.$$

As expected, morning marital tension was significantly related to evening marital tension ($\beta = .21$, $t(1141) = 6.08$, $p < .001$). Results showed a significant positive relation between stressor seriousness and evening marital tension ($\beta = .34$, $t(1141) = 9.19$, $p < .001$), suggesting that, on average, both partners within couples experience greater marital tension during stressful events appraised as serious. In contrast, dyadic adjustment was negatively related to evening marital tension, but not significantly ($\beta = -.06$, $t(1141) = -1.47$, ns). Results indicated that the effects of coping on marital tension

within couples varied as a function of gender ($\beta = -.18$, $t(1141) = -2.11$, $p < .05$). The results suggested that when compared to their own spouses, husbands' increased use of empathic coping was related to higher marital tension, and wives' increased use of empathic responding was related to lower marital tension (see Figure 5).

Table 6. Hierarchical Linear Model (HLM) Analysis: Relations of gender, dyadic adjustment, daily measures of perceived stressor seriousness, and daily measures of empathic responding to daily measures of evening marital tension.

Predictors	<u>Coefficient</u>	<u>SE</u>	<u>t</u>
Gender	.001	.03	.04
AM Marital Tension	.21	.03	6.08***
Stressor Seriousness	.34	.04	9.19***
Dyadic Adjustment	-.06	.04	-1.47
Empathic Responding	.06	.08	.75
Empathic Responding X Gender	-.18	.08	-2.11*

Note. * $p < .05$; ** $p < .01$; *** $p < .001$

Figure 4. Relations of gender, dyadic adjustment, daily measures of perceived stressor seriousness, and daily measures of empathic responding to daily measures of evening marital tension.

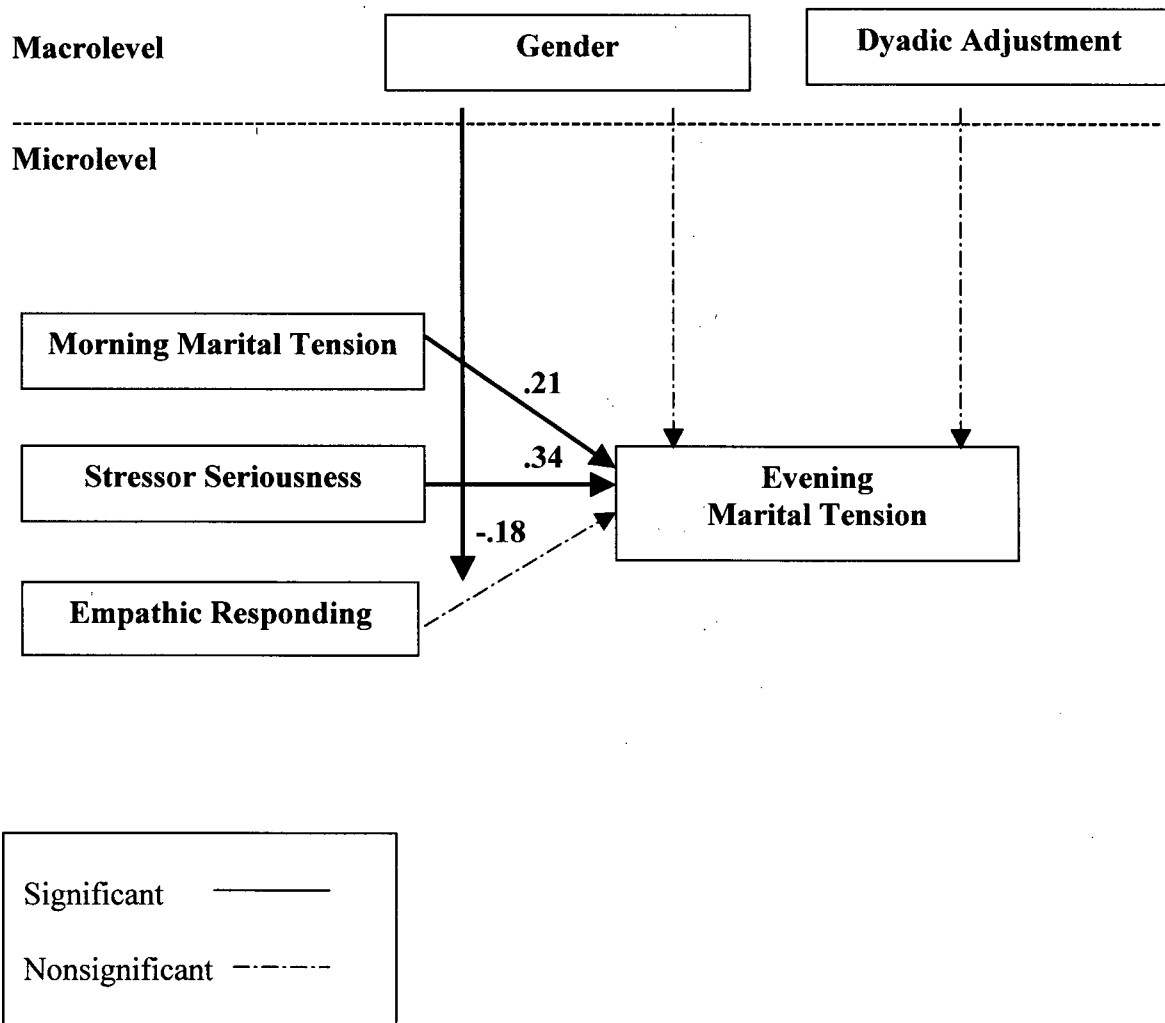
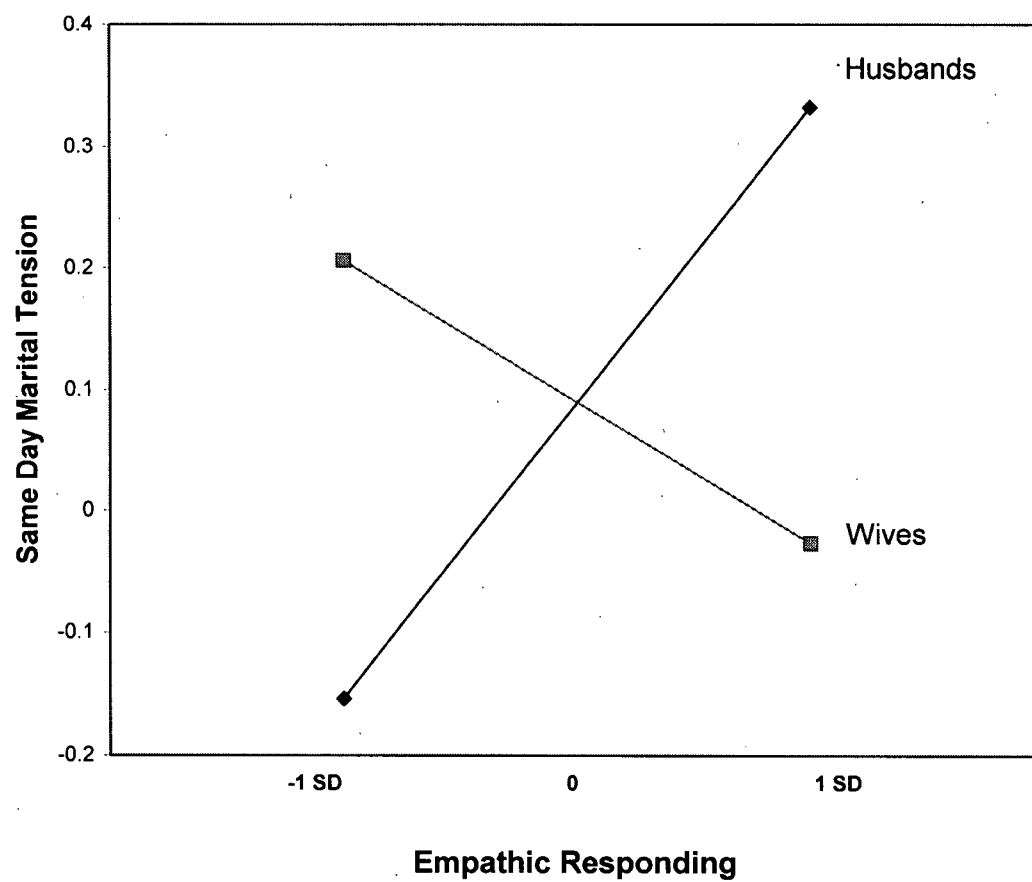


Figure 5.
The relation between gender and empathic responding
to same day marital tension



Next, the lagged effects of stress, coping, and marital adjustment on next day morning marital tension were tested, and the results are shown in Table 7. The final model for this analysis can be expressed as:

$$Y_{it}(\text{Next Day Morning Marital Tension}) = \beta_{0it} + \beta_{1it}(\text{Prior Morning Marital Tension}) + \beta_{2it}(\text{Dyadic Adjustment}) + \beta_{3it}(\text{Prior day Stressor Seriousness}) + \beta_{4it}(\text{Prior day Empathic Responding}) + e_{it}.$$

Prior morning marital tension was significantly related to next day marital tension ($\beta = .12$, $t(979) = 3.32$, $p < .01$). Results showed a significant positive relation between prior evening stressor seriousness and next day morning marital tension ($\beta = .19$, $t(979) = 4.77$, $p < .001$), suggesting that, on average, both partners within couples experience greater next day marital tension following family stressors appraised as higher in seriousness. Dyadic adjustment was negatively related to next day marital tension ($\beta = -.18$, $t(979) = -4.04$, $p < .001$). These results suggest that higher marital adjustment within couples is associated with less next day marital tension following stressful family episodes for both partners. In contrast, lower marital adjustment within couples is associated with higher levels of next day marital tension for both partners. Examining the effects of coping on marital tension, results showed a negative relation between empathic responding and next day marital tension ($\beta = -.22$, $t(979) = -2.42$, $p < .05$). The results suggest that, on average, increased usage of empathic responding is related to decreases in marital tension the following day for both partners within couples.

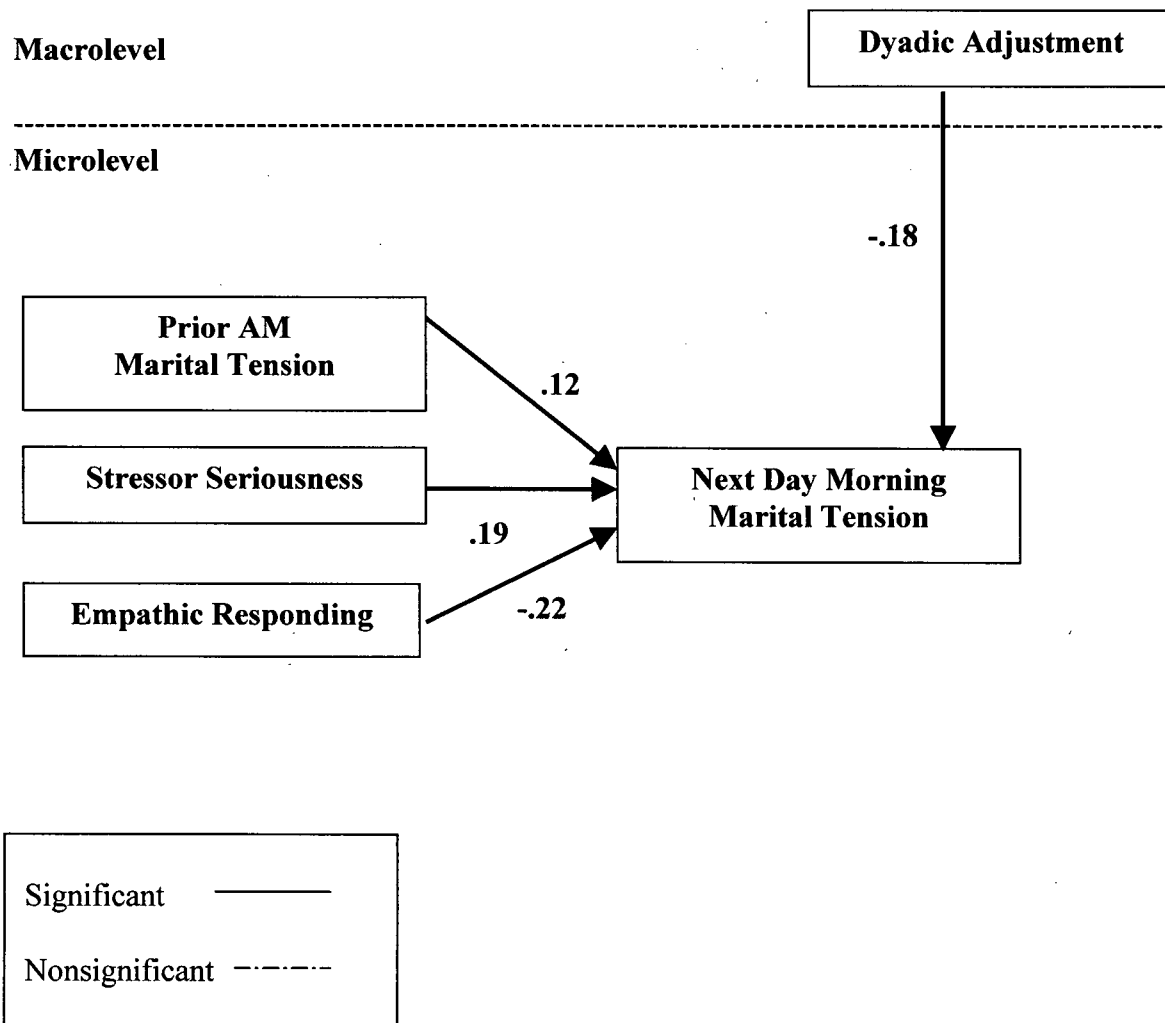
Table 7. Hierarchical Linear Model (HLM) Analysis: Relations of dyadic adjustment, daily measures of perceived stressor seriousness, and daily measures of empathic responding to daily measures of next day morning marital tension.

Predictors	Coefficient	SE	t
Prior Day Morning Tension	.12	.04	3.32**
Stressor Seriousness	.19	.04	4.77***
Dyadic Adjustment	-.18	.04	-4.04***
Empathic Responding	-.22	.09	-2.42*

Note. * $p < .05$; ** $p < .01$; *** $p < .001$

Gender terms were omitted from the model because they were nonsignificant.

Figure 6. Relations of dyadic adjustment, daily measures of perceived stressor seriousness, and daily measures of empathic responding to daily measures of next day morning marital tension.



The prediction of mood

These analyses examined both same day effects and next day lagged effects (cf. Larson & Almeida, 1999) of stressor seriousness, dyadic adjustment, and coping on negative affect (mood). In same day analyses, prior morning negative affect was entered as a control for prior tension effects. In lagged analyses, prior morning negative affect was entered to control for stable morning mood effects. This was seen as a more powerful test of mood effects, given that univariate analyses indicated that mood is generally better in the morning than in the evening.

First, same day effects of gender, stress, dyadic adjustment and coping on evening mood were tested, and the results are presented in Table 8. The final model for this analysis (after omitting nonsignificant gender interaction terms) can be expressed as:

$$Y_{it}(\text{Evening Negative Affect}) = \beta_{0it} + \beta_{1it}(\text{Gender}) + \beta_{2it}(\text{Morning Negative affect}) + \beta_{3it}(\text{Dyadic Adjustment}) + \beta_{4it}(\text{Stressor Seriousness}) + \beta_{5it}(\text{Empathic Responding}) + e_{it}.$$

As expected, morning negative affect was significantly related to evening negative affect ($\beta = .25$, $t(1142) = 7.94$, $p < .001$). The relation between gender and evening negative affect approached significance ($\beta = .05$, $t(1142) = 1.69$, $p = .09$).

Results showed a significant positive relation between stressor seriousness and evening negative affect ($\beta = .29$, $t(1142) = 8.48$, $p < .001$), suggesting that, on average, both partners within couples experience greater negative affect in the evening when stressful events are appraised as more serious. The effects of gender approached significance ($\beta = .05$, $t(1142) = 1.69$, $p = .09$), so the effect of gender was retained in the

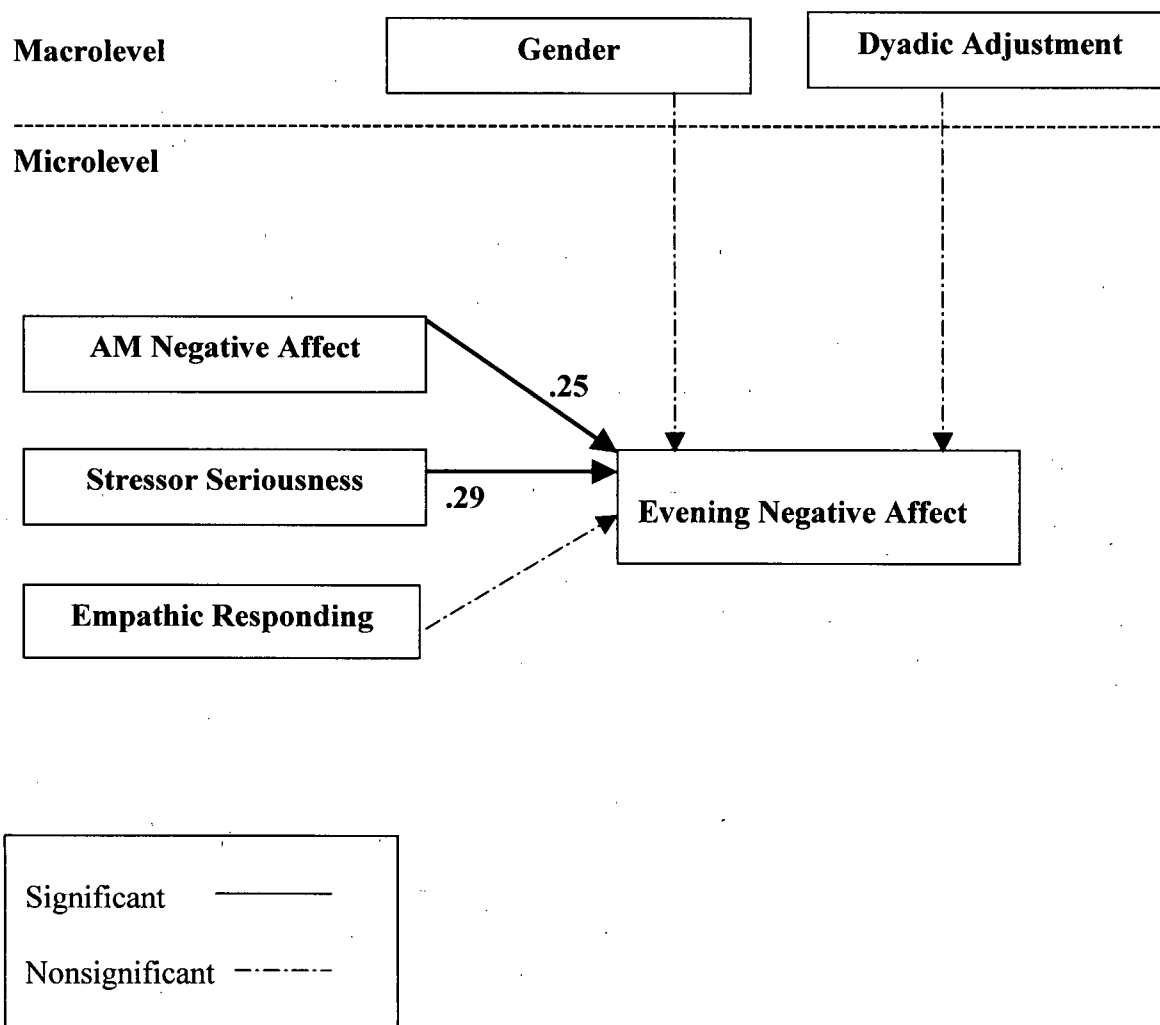
model. The relation between dyadic adjustment and evening negative affect approached significance ($\beta = -.08$, $t(1142) = -1.80$, $p = .07$). Results indicated that the effects of coping on negative affect within couples were nonsignificant ($\beta = -.08$, $t(1142) = -1.12$, ns). The results suggested that increased use of empathic coping within couples was not related to increased negative mood.

Table 8. Hierarchical Linear Model (HLM) Analysis: Relations of gender, dyadic adjustment, daily measures of perceived stressor seriousness, and daily measures of empathic responding to daily measures of evening negative affect.

Predictors	Coefficient	SE	t
Gender	.05	.03	1.69
AM Negative Mood	.25	.03	7.74***
Stressor Seriousness	.29	.03	8.48***
Dyadic Adjustment	-.08	.04	-1.80
Empathic Responding	-.08	.07	-1.12

Note. * $p < .05$; ** $p < .01$; *** $p < .001$

Figure 7. Relations of gender, dyadic adjustment, daily measures of perceived stressor seriousness, and daily measures of empathic responding to daily measures of evening negative affect.



Next, the lagged effects of stress, coping, and marital adjustment on next day morning negative affect were tested, and the results are shown in Table 9. The final model for this analysis can be expressed as:

$$Y_{it}(\text{Next Day Morning Negative affect}) = \beta_{0it} + \beta_{1it}(\text{Gender}) + \beta_{2it}(\text{Prior Morning Negative affect}) + \beta_{3it}(\text{Dyadic Adjustment}) + \beta_{4it}(\text{Prior day Stressor Seriousness}) + \beta_{5it}(\text{Prior day Empathic Responding}) + e_{it}.$$

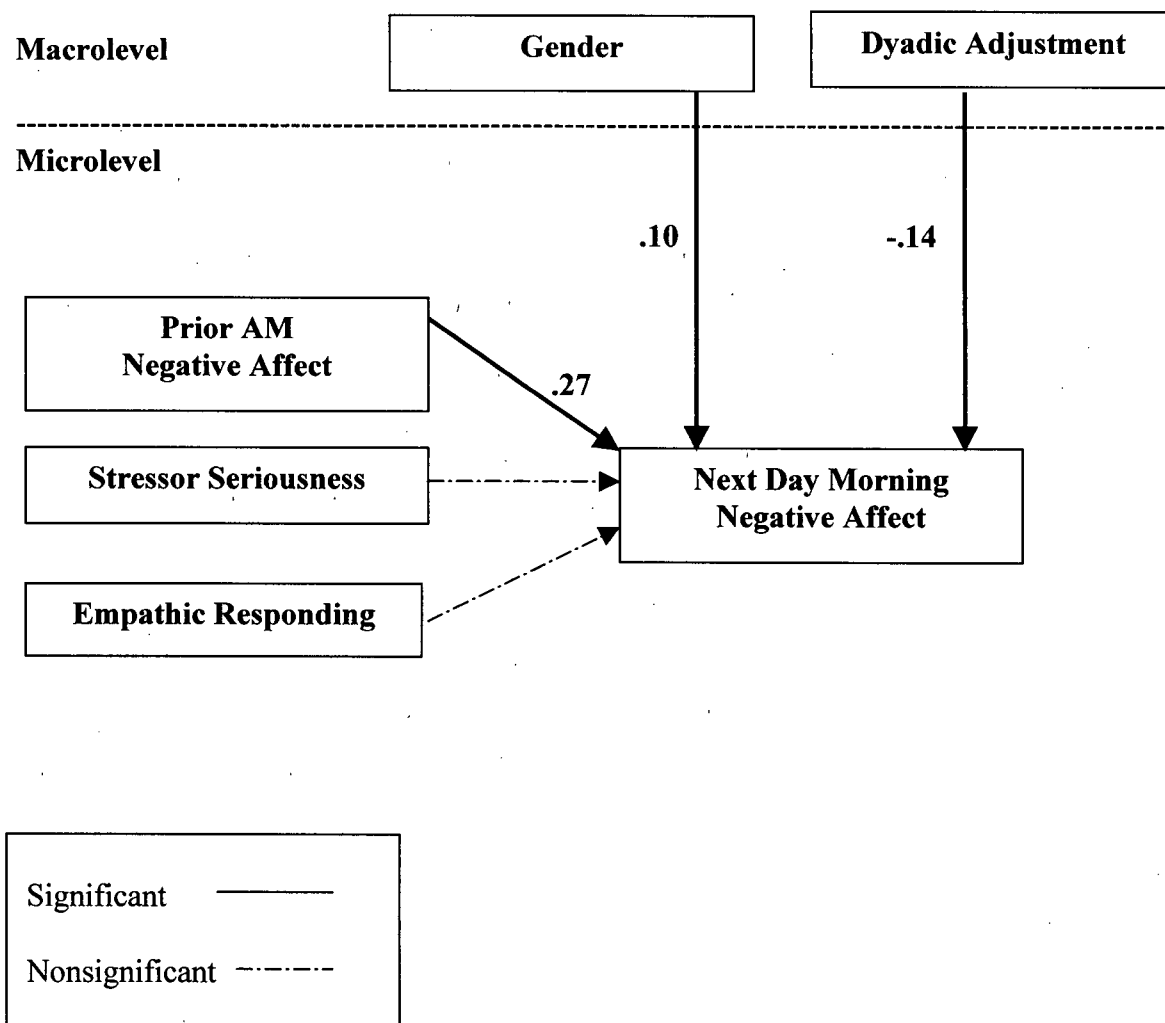
Prior morning negative affect was significantly related to next day negative affect ($\beta = .27$, $t(978) = 7.12$, $p < .001$). Results showed a positive relation between gender and next day mood ($\beta = .10$, $t(978) = 2.66$, $p < .01$), suggesting that wives tend to experience higher negative mood on the morning following a family stressor, compared to their husbands. In contrast to same day effects, results of lagged analyses showed no significant relation between prior day stressor seriousness and next day morning negative affect ($\beta = .04$, $t(978) = .94$, ns). When combined with the results of same day effects, these results suggest that, on average, the effect of stressor severity on mood of partners within couples tends to be seen on day of the stressful occurrence, but by next day this effect dissipates. Dyadic adjustment was negatively related to next day negative affect ($\beta = -.14$, $t(978) = -3.40$, $p < .01$). These results suggest that higher marital adjustment within couples is associated with lower next day negative affect following stressful family episodes for both partners. In contrast, lower marital adjustment within couples is related to greater next day negative affect for both partners. No significant relations were found between empathic coping and next day mood, suggesting that empathic responding has no direct effect on next day morning mood.

Table 9. Hierarchical Linear Model (HLM) Analysis: Relations of gender, dyadic adjustment, daily measures of perceived stressor seriousness, and daily measures of empathic responding to daily measures of next day morning negative affect.

Predictors	Coefficient	SE	t
Gender	.10	.04	2.66**
Prior AM Mood	.27	.04	7.12***
Stressor Seriousness	.04	.04	.94
Dyadic Adjustment	-.14	.04	-3.40**
Empathic Responding	-.03	.09	- .30

Note. * $p < .05$; ** $p < .01$; *** $p < .001$

Figure 8. Relations of gender, dyadic adjustment, daily measures of perceived stressor seriousness, and daily measures of empathic responding to daily measures of next day morning negative affect.



Another set of analyses was conducted to assess the effects of perceived coping efficacy and marital tension on mood. Consistent with the same day and lagged results presented above, preliminary analyses indicated that coping terms were nonsignificant when coping efficacy and marital tension were added to models predicting negative affect, so coping terms were omitted. Both same day and next day effects were estimated.

The results of same day analyses examining the effects of dyadic adjustment, stressor seriousness, perceived coping efficacy, and evening marital tension on mood are presented in Table 10. The model can be expressed as:

$$Y_{it}(\text{Evening Negative Affect}) = \beta_{0it} + \beta_{1it}(\text{Gender}) + \beta_{2it}(\text{Morning Negative Affect}) + \beta_{3it}(\text{Dyadic Adjustment}) + \beta_{4it}(\text{Stressor Seriousness}) + \beta_{5it}(\text{Perceived Coping Efficacy}) + \beta_{6it}(\text{Evening Marital Tension}) + e_{it}.$$

When marital tension and perceived coping efficacy were added to the model, the effects of gender approached significance ($\beta = .05$, $t(1141) = 1.84$, $p = .07$), so the effect of gender was retained in the model. This trend for gender effects suggest that wives may experience more evening negative affect during daily family stressors (compared to their husbands). Nonetheless, given that these results only indicate a trend, they should be viewed with caution. Consistent with previous analyses, morning negative affect and stressor seriousness were positively related to evening negative affect (AM negative affect, $\beta = .24$, $t(1141) = 7.71$, $p < .001$; stressor seriousness, $\beta = .13$, $t(1141) = 3.74$, $p < .001$). The relations between dyadic adjustment were evening mood were nonsignificant ($\beta = -.04$, $t(1141) = -.90$, ns). Evening marital tension was positively related to evening negative affect ($\beta = .36$, $t = 11.66$, $p < .001$). This effect suggests that both partners within couples are more likely to experience heightened evening negative affect when

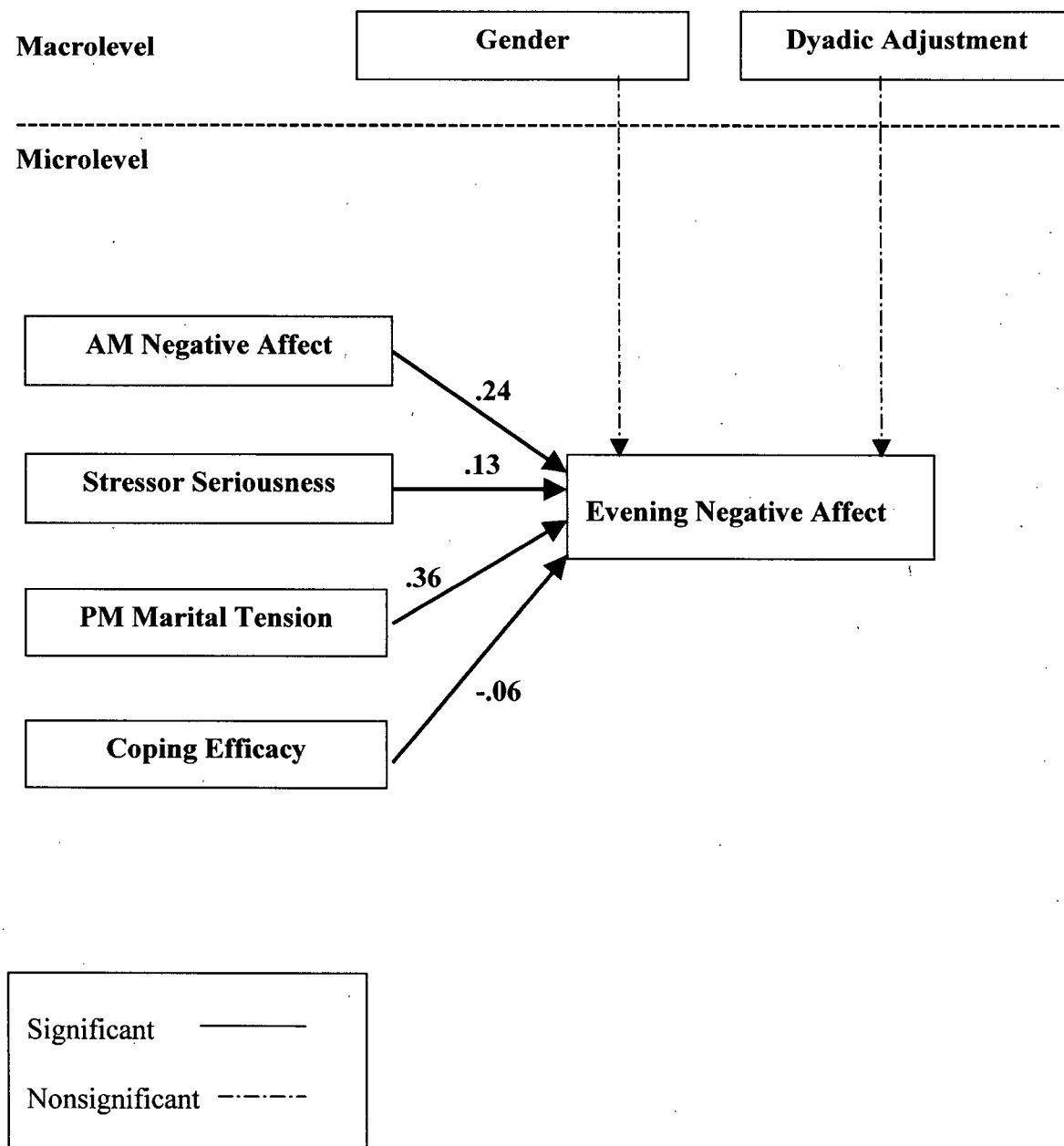
higher levels of marital tension are present during the stressful event. Coping efficacy was negatively related to evening negative affect ($\beta = -.06$, $t(1141) = -2.03$, $p < .05$), suggesting that, on average, both partners within couples experience less negative affect when they view their coping efforts as more efficacious.

Table 10. Hierarchical Linear Model (HLM) Analysis: Relations of gender, dyadic adjustment, daily measures of perceived stressor seriousness, daily measures of marital tension, and daily measures of perceived coping efficacy to daily measures of evening negative affect.

Predictors	Coefficient	SE	t
Gender	.05	.03	1.85
AM Negative Mood	.24	.03	7.71***
Stressor Seriousness	.13	.03	3.74***
Dyadic Adjustment	-.04	.04	- .90
PM Marital Tension	.36	.03	11.66***
Coping Efficacy	-.06	.03	- 2.03*

Note. * $p < .05$; ** $p < .01$; *** $p < .001$

Figure 9. Relations of gender, dyadic adjustment, daily measures of perceived stressor seriousness, daily measures of marital tension, and daily measures of perceived coping efficacy to daily measures of evening negative affect.



The results of lagged analyses examining the effects of dyadic adjustment, prior day perceived coping efficacy, and prior evening marital tension on next day morning negative affect are presented in Table 11. The lagged model can be expressed as:

$$Y_{it}(\text{Next Day Morning Negative Affect}) = \beta_{0it} + \beta_{1it}(\text{Gender}) + \beta_{2it}(\text{Prior Day Morning Negative affect}) + \beta_{3it}(\text{Dyadic Adjustment}) + \beta_{4it}(\text{Prior day Perceived Coping Efficacy}) + \beta_{5it}(\text{Prior Evening Marital Tension}) + e_{it}.$$

Stressor seriousness was omitted from this model as it was nonsignificant in previous analyses and in preliminary analyses in which coping efficacy and marital were added to the model. All significant relations found in prior lagged analyses predicting next day mood remained significant when marital tension and coping efficacy were added to the model. Gender was positively related to next day mood ($\beta = .10$, $t(978) = 2.51$, $p < .05$), indicating that wives experienced greater next day negative mood than did their husbands. Prior morning negative affect was positively related to next day morning negative affect ($\beta = .28$, $t(978) = 7.16$, $p < .001$). Significant negative relations were found between dyadic adjustment and next day mood ($\beta = -.16$, $t(978) = -3.51$, $p < .01$). The relation between evening marital tension and next day mood negative affect approached significance ($\beta = .07$, $t(978) = 1.76$, $p = .08$). When combined with the same day results, the lagged results indicate that the effects of marital tension on mood are most pronounced on the day of the stressful event. Results for the effects of coping efficacy also differed between same day and lagged analyses. Lagged results showed no significant relations between coping efficacy and next day morning negative mood ($\beta =$

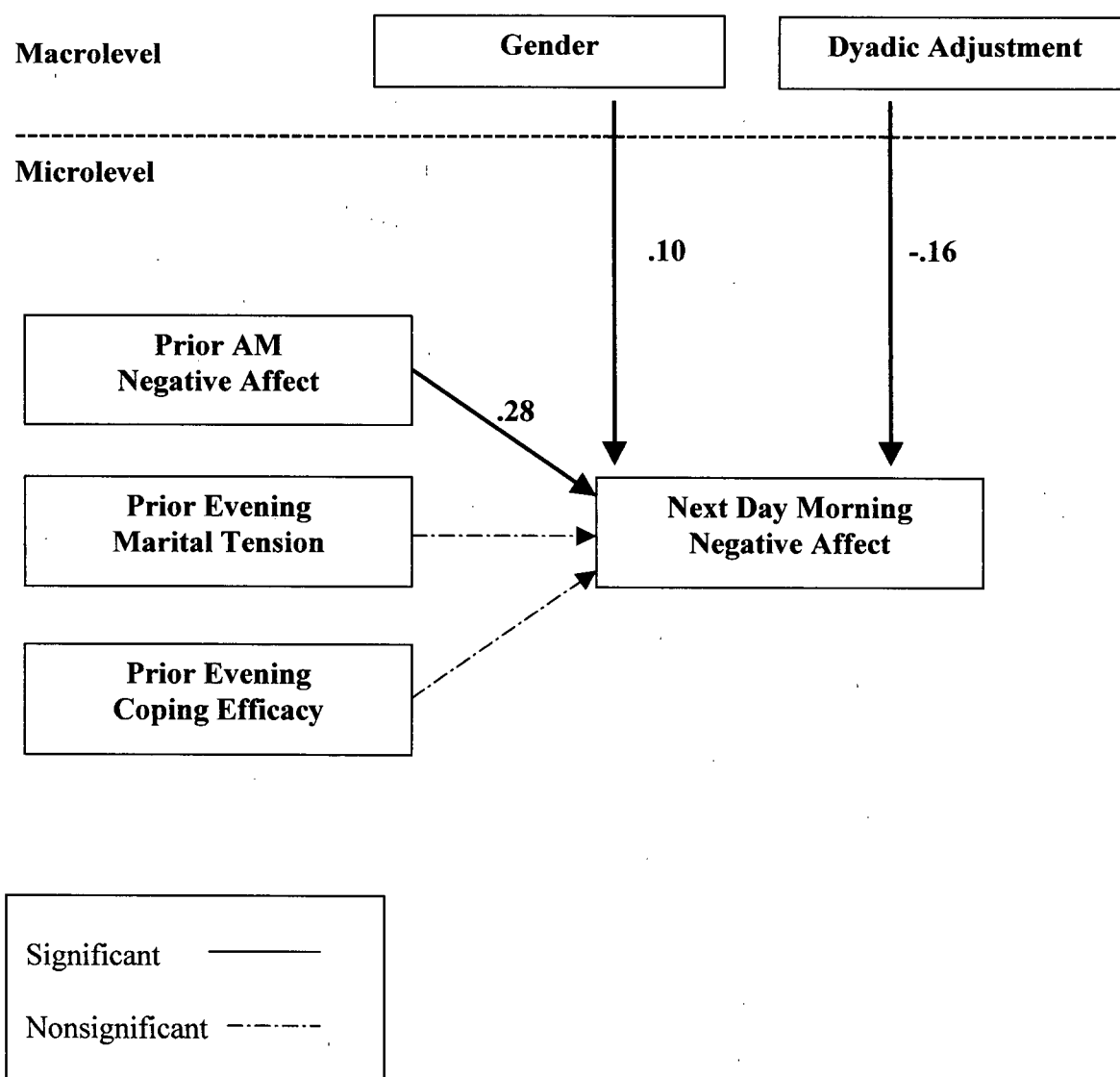
.02, $t(978) = .55$, ns). These results suggest that, on average, the effects of coping efficacy on mood tend to be experienced on the day of the stressful event.

Table 11. Hierarchical Linear Model (HLM) Analysis: Relations of gender, dyadic adjustment, daily measures of marital tension, and daily measures of perceived coping efficacy to daily measures of next day morning negative affect.

Predictors	Coefficient	SE	t
Gender	.10	.04	2.51*
Prior AM Mood	.28	.04	7.16***
Dyadic Adjustment	-.16	.04	-3.51**
Prior Evening Marital Tension	.07	.04	1.76
Coping Efficacy	.02	.04	.55

Note. * $p < .05$; ** $p < .01$; *** $p < .001$

Figure 10. Relations of gender, dyadic adjustment, daily measures of marital tension, and daily measures of perceived coping efficacy to daily measures of next day morning negative affect.



Discussion

Supporting a more interpersonally-oriented, contextual approach to the conceptualization and measurement of stress and coping processes, the present study highlights the role of close relationships in stress adaptation. This utilized a daily process design (e.g., repeated structured diary measures) and a matched-pair analysis strategy to examine how stress and coping processes unfold over the course of a given day and across days within the context of intimate relationships. The central goal of the study was to elucidate correlates and consequences of relationship-focused coping within couples. The study also examined the contextual effects of perceived marital adjustment on how family stressors are experienced and managed. On both fronts, the results of the present study add to the current literature of psychosocial processes in stress adaptation. The study also adds to the larger empathy literature by examining the effects of empathic processes within couples in naturally-occurring stressful situations.

Despite thousands of studies examining the effects of stress, coping, and perceived social support, remarkably little is known about how people maintain their relationships during times of duress (cf. DeLongis & Lehman, 1989). The present study contributes to the literature by examining coping that has an explicit relationship-maintaining function. This study suggests that the examination of relationship-focused coping may add to the theoretical and explanatory power of current models of stress and coping. This research extends the literature by providing the first repeated measures diary

study to offer a within-couple examination of the effects of empathic responding, a form of relationship-focused coping. The results suggest that when relational outcomes are considered, empathic responding may represent an adaptive way of coping with everyday stress occurring within intimate contexts.

The Prediction of Coping

Broadening current knowledge about predictors of empathic coping, this study found that both intrapersonal and interpersonal factors were significantly related to the use of empathic responding. Interestingly, results suggested that within the average couple, husbands and their wives did not differ significantly in their use of empathic responding to manage family stressors. Consistent with expectations, perceived stressor seriousness was significantly related to the use of empathic responding. For partners within couples, increased usage of empathic responding occurred during stressful family situations that were perceived as more personally serious. It appears that when greater personal importance is attached to a stressful interpersonal situation, husbands and wives may be more inclined to increase their efforts to understand those involved in the stressor and to respond in a manner that demonstrates sensitivity to the needs of loved ones.

Previous work with the same data set (Preece, 1994; Preece et al., 2000) found that in the management of family stressors, husband and wives who reported greater concern for the well-being of a loved one engaged in higher levels of empathic coping. Taken together, these findings suggest that empathic responding may be particularly relevant to managing stressful family situations that have greater personal significance and to stressors that

have greater implications for well-being of loved ones or for the well-being of the relationship.

Also in accord with expectations, marital quality emerged as a significant predictor of empathic responding for both husbands and wives within couples. The effects of reported marital adjustment on the usage of empathic responding did not differ as a function of gender within couples. Results of HLM analyses indicated that couples with higher levels of marital adjustment exhibited a greater reliance upon empathic responding to manage family stressors (compared to couples with lower levels of marital adjustment). The observed relation between empathic responding and marital adjustment is consistent with the suggestion of Lyons and her colleagues (Lyons et al., 1998) that "empathy-driven coping emerges as a function of the strength of the relational ties that exist within a dyad" (p. 590). This finding also replicates past research suggesting a positive link between empathy and marital adjustment (Gottman, 1993; 1998; Long & Andrews, 1990; Rusbult et al., 1991).

This present study's findings are consistent with laboratory studies of marital conflict processes. For example, Gottman's laboratory research of marital interactions (e.g., 1993; 1994) has specified types of stable marriages (i.e., marriages that are less likely to end in divorce). Among these are validators, couples who tend to convey empathy, partner validation, and caring when discussing conflictual issues. Validating behaviors observed in marital interaction tasks included acknowledging the partner's point of view and acknowledging the validity of the partner's thoughts, feelings, and behaviors. Consistent with this, in the present study, couples higher in marital adjustment reported higher use of empathic responding during everyday stressful encounters.

Empathic responding may be a type of coping that promotes a more validating atmosphere within marriages during stressful times.

Although marital adjustment in this study was construed as a more distal, stable contextual factor, the association between marital adjustment and empathic responding may be reciprocal in nature. Higher marital satisfaction may engender greater usage of empathic responding, and reciprocally, greater use of empathic responding in the management of daily stressors may perpetuate greater feelings of emotional relatedness and marital satisfaction. The design of the present study precludes causal inferences about the role of marital adjustment in empathic responding. Nonetheless, it appears that when husbands and wives enjoy high levels of satisfaction in their relationships, they tend to employ empathic responding to a greater extent, perhaps due to a higher desire to maintain the quality of their relationships and to protect the welfare of their loved ones.

The Prediction of Daily Outcomes

This study examined the effects of gender, daily stressor seriousness, marital adjustment, and daily empathic coping on daily coping efficacy, mood, and marital tension. In addition, the effects of daily marital tension and daily coping efficacy on daily mood were investigated.

The Role of Gender

Gender is one source of within couple variation. The present study revealed few direct gender effects in the prediction of coping and stress outcomes. The only significant direct gender effect that was found in study occurred in the prediction of next day mood.

Results indicated that that within couples, wives reported significantly higher levels of negative affect on the day after stress occurred than did their husbands. There was also a trend indicating the same pattern of gender effects on mood in within day analyses.

These results are consistent with other research suggesting that women tend to report more psychological distress than do men (e.g., Almeida & Kessler, 1998; Thoits, 1991).

Several explanations for gender differences in reported mood have been offered, which include the methodological artifact explanation (Newman, 1984), gender role perspectives (e.g., Gove, 1972), rumination theory (e.g., Nolen-Hoeksema, 1987), and affect intensity (Fujita, Diener, & Sandvik, 1991). The methodological artifact explanation posits that women will admit to psychological distress more readily on standard measures of psychological symptoms (compared to men), because women are socialized to be more emotionally expressive. Due to socialization effects, men may be more uncomfortable acknowledging and admitting psychological distress on standard measures of psychological symptoms. Gender role theory posits that women are more often exposed to interpersonal demands due to their nurturing roles and their wider exposure to the lives and stressors of people in their social networks. This increased exposure to interpersonal role-related stressors is hypothesized to lead to increased psychological distress in women. Rumination theory suggests women tend to engage in more ruminative thinking during periods of low mood (compared to men), which tends to amplify and perpetuate negative affect in women. Research on affect intensity among men and women (Fujita et al., 1991) suggests that men and women tend to have the same mean affect intensity, but women's range of affect intensity may be significantly broader.

That is, women tend to report higher levels of both positive and negative affect, compared to men.

The Role of Situational Stressor Seriousness

The cognitive-transactional model of stress processes posits that appraisals of the personal significance or seriousness of an event or situation are important in determining how one experiences and adapts to an event or situation (Aldwin, 1994; Lazarus & Folkman, 1984). Consistent with this, the present study found that appraisals of the seriousness of the stressor were significantly related to coping efficacy, mood, and marital tension. Couple analyses indicated that, on average, higher perceived stressor seriousness was related to lower perceived coping efficacy for both wives and husbands. These findings suggest that marital partners are less likely to feel that they have managed the situation well when daily stressful events are appraised as having a high degree of personal seriousness. There are a number of factors that may explain why wives and husbands within couples tended to experience less efficacy in the face of family stressors with greater personal seriousness. These factors include increased coping demands, increased complexity, higher uncertainty about one's ability to manage the stressor, or stronger emotional reactions (cf. Lazarus & Folkman, 1984).

In the prediction of mood, higher perceived stressor seriousness was associated with increased negative affect at the end of the day that the stress occurred for both husbands and wives within couples. However, stressor seriousness was not significantly related to negative affect on the following morning. These results are consistent with the findings of several diary studies of nonclinical populations, suggesting that the effects of

most daily minor stressors on mood tend to occur within days, but do not generally persist across days (e.g., Bolger et al., 1989; DeLongis et al., 1988; Stone, Neale, & Shiffman, 1993).

However, the present study's results suggest that stress may have more lingering effects on day-to-day relationship quality or functioning. For husbands and their wives, higher perceived stressor seriousness was related to higher levels of marital tension or conflict on the day that stress occurred and on the following day. Analyses controlled for prior levels of morning tension. Thus, these findings suggest a stress-related elevation in marital tension or conflict, which persisted across days. Previous research (see Cutrona, 1996, for a review) has documented stress-related deterioration of marriages under conditions of major life stress (e.g., serious illness, death of a family member). The results of the present study indicate that even relatively minor daily stressors may have adverse relationship consequences and highlight the relevance of examining relational outcomes in studies of stress and coping.

The Role of Marital Adjustment

Previous research indicates that marital satisfaction plays a role in stress adaptation (Barnett et al., 1993, 1995; Cutrona, 1996; Revenson, 1994; Windle & Dumenci, 1997). Consistent with this, the results of this study suggest that marital adjustment affects daily stress adaptation for wives and their husbands. The effects of marital adjustment did not differ as a function of gender within couples. Compared to couples lower in marital satisfaction, husbands and wives in couples with higher marital

satisfaction reported higher coping efficacy. Consistent with this finding, Coyne & Smith (1994) found that perceived self-efficacy was related to marital satisfaction in their study of myocardial patients. These findings suggest that confidence in one's own ability to manage stress may be derived, at least in part, from one's participation in a satisfying marriage. The marital literature suggests that married couples develop a sense of relational efficacy, or a shared belief about the couple's ability to manage or solve its problems (Gottman, 1998). In this light, the link between marital adjustment and coping efficacy found in the present study may reflect a sense of efficacy gleaned from the couple's history in managing previous difficulties and from each partner's confidence about the couple's ability to work together to manage ongoing and future stressors.

The present study also suggests that marital adjustment may play an important role in determining the consequences of stress. Compared to couples lower in marital adjustment, husbands and wives in couples higher in marital adjustment experienced significantly less negative affect on days after stress occurred. However, marital adjustment was not significantly related to mood on days that stress occurred. These findings indicate that situational factors may play a stronger role in determining the immediate effects of stress on mood, but the persistence of the effects of stress on mood may be more influenced by stable factors, such as marital adjustment.

A similar pattern of findings emerged in the prediction of marital tension or conflict. Compared to couples lower in marital adjustment, husbands and wives in couples higher in marital adjustment reported significantly less marital tension or conflict on the day after stress occurred. However, marital adjustment did not significantly predict marital tension on days that stress occurred. These findings suggest that marital

adjustment may play an important role in determining whether marital tension or conflict will persist across days.

Given these findings, it appears that couples higher in marital adjustment may be more adept at managing or resolving tension when it occurs, and as a result may experience less marital tension on the day after stress occurred (compared to couples lower in marital adjustment). Further, the study's findings indicate that couples higher in marital adjustment may experience a more rapid emotional habituation to family stress than do couples lower in marital adjustment. This set of findings suggests that having a satisfying marriage may serve a protective function for married persons during times of stress (cf. Cutrona, 1996). Perhaps the most obvious explanation for these findings is that couples higher in marital adjustment are happier in general, so they are less likely to experience prolonged negative affect or marital tension in the face of daily stress (compared to couples lower in marital adjustment). Other possible explanations for these collective findings may be found in the larger marital literature. A substantial body of marital research indicates that during times of marital tension or conflict, distressed and nondistressed couples differ significantly in their communication patterns and in their cognitive attributions about partner behavior and intention (for reviews, see Fincham & Beach, 1999; Gottman, 1998).

For example, nondistressed and more satisfied couples tend to evince more successful repair attempts during conflictual interchanges and greater responsiveness to partner repair attempts, which permits more rapid conflict de-escalation. Satisfied couples also tend to make more benign and more relationship-enhancing attributions about partner behavior and intention. During laboratory interaction tasks, satisfied

couples exhibit significantly more positive interactions than negative interactions. In contrast, distressed and less satisfied couples tend to exhibit more negative affect reciprocity, which tends to escalate and prolong conflict. Dissatisfied couples also tend to exhibit greater physiological arousal during conflict. Dissatisfied couples are more prone to make negative, distress-maintaining or conflict-promoting attributions about partner intention or behavior. In laboratory interaction tasks, these couples exhibit fewer positive interactions and more negative interactions.

These attributional and behavioral tendencies in more satisfied couples may explain why couples higher in marital satisfaction in the present study reported less negative affect and less marital tension on the day after stress occurred. Couples higher in marital adjustment may have responded to stress in a more relationship-focused or relationship-preserving manner, and subsequently experienced fewer negative consequences of stress because daily stress was managed more effectively within the marriage. Conversely, couples lower in marital adjustment may have responded to stress in a more relationship-disrupting manner, and subsequently experienced greater negative affect and marital tension. The weaker effect of marital adjustment on mood and marital tension on days when stress occurred may reflect a working-through process or a coping process that has the potential to either heighten or diminish marital discord across days. In the throes of stress or conflict, couples may have to work through the emergent issues. The ways that partners work through difficulties may be influenced by marital adjustment. Consequently, the effects of marital adjustment on daily mood and marital tension may be more evident on days following stress.

Another possible explanation for stronger lagged effects of marital adjustment on mood and marital tension in the present study may be sentiment override, a type of top-down cognitive processing of marital events (see Weiss, 1980; Gottman, 1998, for fuller discussions). The term "sentiment override" refers to the tendency to use a global sense of affection or disaffection for one's spouse to interpret ongoing events. More satisfied couples tend to evince more positive sentiment override when perceiving marital interactions; in contrast, dissatisfied couples tend to evince more negative sentiment override. Global sentiment may be displayed during stressful episodes, which may influence the partner's behavior during marital interactions. Further, global sentiment may influence subsequent cognitive processing of stressful events, and the effects of this type of processing may be experienced more strongly on the day after stress occurred. A tendency towards more positive sentiment override may also allow more satisfied partners to feel less threatened by stressful events in the long run. As a result, satisfied couples may tend to experience less negative affect and marital tension in the aftermath of stress.

The Effects of Daily Relationship-focused Coping

This study examined the effects of daily empathic responding in predicting daily negative mood, coping efficacy, and marital tension or conflict. It should be noted that the effects of marital adjustment were partialled out in all of these analyses. The coping results, therefore, reflect the independent contribution of relationship-focused coping, above and beyond the effects of marital adjustment. In addition, the study controlled for

the effects of stressor seriousness. It has been noted that failure to control for the effects of stress on mood can lead to inaccurate conclusions about the effects of coping, since more stressful problems are likely to evoke greater coping efforts and elicit more negative mood (Stone, Kennedy-Moore, & Neale, 1995). In couple analyses, empathic responding was not significantly related to negative mood, either within days or across days. These findings suggest that after the effects of stress and marital adjustment were partialled out, empathic responding was not related to adverse emotional consequences for wives or their husbands. These findings suggest that when partners within couples increase their use of empathic responding, they do not tend to experience adverse effects on their mood. This finding stands in opposition to the speculation of Coyne and Fiske (1992), who suggested that adopting an empathic orientation to managing stress may be detrimental to the person's well-being, even though empathy might benefit others.

However, the findings of the current study are consistent with Kramer (1993), who found that empathic relationship-focused (RF) coping was not related to psychological distress. Even so, Kramer's findings suggested that RF coping may have an indirect effect on distress via its association with problem-focused (PF) coping. Higher problem-focused coping was associated with lower psychological distress, and higher PF coping was associated with higher RF coping. The present study's findings also suggest that empathic responding may play an indirect role in mood via its association with marital tension, marital adjustment, and coping efficacy. Higher empathic responding was significantly related to lower marital tension, higher marital adjustment, and higher coping efficacy, all of which significantly predicted lower levels of negative affect.

A number of researchers have suggested that the effectiveness of a coping strategy should not be evaluated only in terms of the strategy's ability to ameliorate psychological distress (e.g., Aldwin, 1994; Lyons et al., 1998). For example, in the longitudinal study of stress and coping processes by Pearlin, Lieberman, Menaghan, & Mullan (1981), the use of problem-focused coping was not related to psychological distress. However, higher use of problem-focused coping was associated with increased perceived mastery and a decreased likelihood that stress would reoccur. Similarly, Folkman, Lazarus, Dunkel-Schetter et al. (1986) found that those who used higher levels of planful problem-solving were more likely to report that the stressful situation had improved or was resolved to their satisfaction. These findings illustrate that successful coping outcomes may be more multifaceted than simply the reduction of psychological distress.

Although empathic responding was not directly related to mood, this form of coping was significantly related to perceptions of coping efficacy. Previous research has suggested a number of goals that underpin perceptions of coping efficacy, including problem solving or instrumental goals, self-esteem maintenance, emotion regulation, self-understanding enhancement, and preservation of harmonious relationships with others (Gignac & Gottlieb, 1997). Couple analyses suggested that (when compared to their own husbands) wives were more likely to report higher coping efficacy when they increased their usage of empathic responding. Gender role perspectives may explain this finding. According to gender role perspectives, women's roles often demand a greater involvement in the care and nurturance of others and a wider exposure to the concerns of family members, friends, and their more extensive support networks. Women tend to be called upon more often to convey empathy and support to members of their families and

support networks (e.g., Almeida & Kessler, 1998; Kessler, McLeod, & Wethington, 1985; Thoits, 1991). In general, women's greater experience with nurturing others may engender greater feelings of competence when using empathic coping strategies.

Consistent with the notion that the primary function of relationship-focused coping is the preservation of relationships, the present study provides evidence that coping via empathic responding may play a significant role in managing and defusing marital tension. In same day couple analyses, the effects of empathic responding on perceived marital tension varied as a function of gender. Although no main effects of empathic responding were found in same day analyses, in lagged analyses a significant main effect of empathic responding emerged. Moreover, in lagged analyses (predicting next day outcomes), no significant gender X coping interactions were found, suggesting that the lagged effects of empathic coping on marital tension did not differ significantly in husbands and wives within couples. These effects were found after controlling for the prior levels of morning marital tension (to control for premorbid levels of marital tension). On the day after stress occurred, husbands and their wives tended to experience reductions in marital tension after increasing their use of empathic responding the previous day. On the other hand, marital partners tended to experience increased marital tension the next day when they had used less empathic responding (than they employed on average).

Results of same day and next day analyses indicated that for husbands, the effects of empathic responding on perceived marital tension changed across days. On days stress occurred, increased empathic responding was related to increased marital tension in husbands. However, lagged analyses revealed that increased empathic responding in

husbands was associated with lower marital tension the next day. For wives, however, the effects of empathic responding on marital tension were consistent within days and across days. For wives, increased empathic responding was associated with decreased marital tension both on days stress occurred and on the following day. These results illustrate the value of following stress and coping sequences both within and across days. Coping may not have immediate beneficial effects, and even result in an elevation of marital tension or emotional distress initially, but over time coping may lead to a favorable outcome (cf. Stone et al., 1995). Given that increased empathic responding in husbands was associated with less marital tension or conflict on the day after stress occurred, it appears that this coping strategy was effective, even though initially it was related to heightened marital tension.

Since the findings of same day analyses of the effects of empathic responding on marital tension are essentially cross-sectional in nature (Larson & Almeida, 1999) and permit less causal inference than lagged analyses, there are at least two possible interpretations of the findings. One interpretation is that, on average, wives tend to increase their empathic coping efforts when marital tension is relatively low, but their husbands tend to increase empathic coping efforts when evening marital tension is relatively high. This interpretation would suggest that wives tend to engage in more empathic responding during times of greater relationship harmony, but their husbands tend to engage in more empathic responding during times of greater relationship disharmony. The second possibility is that when husbands increase their use of empathic responding, they tend to experience an increase in marital tension; however, when wives increase empathic responding, they tend to experience a decrease in marital tension. This

interpretation would suggest that empathic responding may have a more immediate beneficial effect in preventing, diminishing, or defusing marital tension for wives. However, for husbands, the beneficial effects of empathic responding for reducing marital tension may be more delayed.

The marital literature addresses the latter explanation. Previous marital research has documented a consistent pattern of gender differences in marital behaviors during conflict (e.g., Carstensen, Gottman, & Levenson, 1995; Christensen & Shenk, 1991; Gottman, 1998). During marital conflict, wives tend to rely on more approach strategies, such as confrontation, seeking emotional intimacy, emotional ventilation, or "pursuing." Wives tend to be more emotionally expressive of both positive and negative emotions; whereas, husbands tend to be less emotionally expressive. Husbands tend to rely on more avoidance strategies, such as withdrawal and distancing. Husbands also tend to display more defensiveness during conflict (Carstensen et al., 1995). When experiencing strong emotions, husbands may be more likely to be nonexpressive or to engage in stonewalling behavior; whereas, wives may be more likely to prefer to talk about their emotions. Hence, the marital literature suggests that wives may prefer modes of coping that involve emotional communication and engagement to manage marital tension, which may explain the present study's findings indicating that wives experienced more immediate reductions in marital tension after increased empathic responding (compared to their husbands). The emotional attunement and communication involved in empathic responding may defuse tension more rapidly for women than for men, due to women's preferences for staying engaged and in communication during times of marital conflict.

Further, marital interaction laboratory research suggests that when compared to wives, husbands tend to experience greater physiological arousal during marital conflict (see Gottman, 1998, for a review). This difference in physiological arousal has been theorized to underlie the oft observed wife demand-husband withdrawal pattern of marital interaction during conflict (see also, Fruzzetti & Jacobson, 1990). In the demand-withdrawal pattern of marital interaction, wives typically tend to become more demanding when husbands withdraw, which tends to perpetuate the cycle. This higher desire for engagement may indicate that generally wives may experience conflict withdrawal or avoidance during times of marital tension to be more distressing than conflict engagement. In contrast, greater physiological arousal in husbands during times of conflict may suggest that husbands may be less comfortable in emotionally stirring or emotionally charged contexts (than their wives). Tying this marital literature to the present study, the emotional engagement that is involved in empathic coping processes may be initially more emotionally and physiologically challenging for husbands than for their wives. Husbands may require more time to recover from the physiological arousal they experience during tense marital interactions, even when they engage in empathic responding. Husbands also may take more time to process the information and emotional sharing gleaned from empathic processes.

There are several possible explanations for the present study's findings that both husbands and wives reported a reduction in marital tension on the day following stress after increasing their use of empathic responding. Both the cognitive-affective and behavioral aspects of empathic responding may influence reductions in marital tension or conflict. During conflict, behavioral expressions of empathy may be effective repair

gestures that reduce partner defensiveness and negative affect reciprocity. Expressions of empathy and caring during times of stress may also increase emotional intimacy or closeness in marriage (Cutrona, 1996; Fruzzetti & Jacobson, 1990; Laurenceau et al., 1998), and increased emotional intimacy may reduce marital tension on days following stress. When negative marital or family events occur, the cognitive-affective processes of empathic responding may engender less negative or more benign attributions of the partner's behaviors or intentions, which may lead to reductions in marital conflict over time. The benefits of this type of cognitive processing may be more pronounced on days following stress.

The study's findings concerning the effects of empathic responding on marital tension are consistent with current clinical interventions for couples. Increasing empathic responsiveness between partners within distressed couples is a standard intervention attempted in couples therapy to repair strained relationships and to develop greater emotional closeness and marital satisfaction (e.g., Beach et al., 1990; Cordova & Jacobson, 1993). Although partners who make attempts to be more empathic towards each other in a given therapy session, they may not experience immediate reductions in marital tension. It is expected that over time, an increased use of empathic responding may help couples to manage conflict more effectively and result in greater emotional intimacy and stronger marital bonds.

In summary, the findings of the present study suggest that empathic responding may serve an important relationship-maintaining coping function. Husbands and wives increased their use of empathic responding during stressful episodes that they appraised as being more serious. This finding suggests that empathic responding appears to be a

coping strategy that persons are particularly likely to choose when interpersonal stressors have greater personal significance. Moreover, higher use of empathic responding was related to reductions in marital tension, especially across days. When husbands and wives employed lower levels of empathic responding, they were more likely to have marital tension persist across days. These findings suggest that empathic responding can be usefully construed as a mode of coping that may play a significant role in managing common sources of interpersonal conflict or stress. Although others may feel more emotionally supported when individuals engage in empathic responding, coping in this manner also appears to have beneficial effects for the individual's ability to manage stress within marital relationships. This study suggests that adopting a more interpersonal perspective of stress adaptation may allow for a greater integration of coping and social support constructs (cf. Thoits, 1986).

Clinical Implications

The present study has a number of clinical implications. This study supports the notion that interventions aimed at increasing empathic responding within couples is a valuable intervention to defuse marital tension. The results indicate that changes in empathic responding are associated with changes in marital tension. Given that these changes occurred over a relatively brief time frame, these findings bode well for achieving clinically significant changes during time-limited therapy marital therapy (e.g. cognitive-behavioral marital therapy) via interventions aimed at increasing levels of empathic responding within couples.

The study's findings that husbands may initially experience more marital tension when they use empathic responding may indicate that it would be useful for therapists to advise couples that engaging in empathic coping may be initially associated with greater marital tension, but over time, the use of empathic responding may diminish marital tension. Advising clients that interventions may initially increase adverse symptoms and eventually diminish reactivity to stressful stimuli is a common practice in behavior therapy (e.g., O'Leary & Wilson, 1987; Wolpe, 1982).

In addition, it may be important include clinical assessments of marital adjustment to determine the prognosis of stress adaptation for married persons. During times of stress, persons in less satisfying marriages may be at higher risk for poor stress adaptation outcomes. Clinical attempts to improve the quality of the marital relationship may enhance the individual's adaptation to stress. In other words, greater clinical attention aimed at repairing, maintaining, or enhancing the marital relationship may improve the client's ability to adapt to stress. Moreover, using the term "relationship-focused coping" and explaining its manifestations in rationales for treatment interventions may help clients to select modes of coping that better serve to preserve or enhance the relationship.

Limitations of study

This study has limitations that merit consideration. First, the study's population of married couples lived within a stepfamily context, so it is unknown whether the findings of this study will generalize to marital partners who have never been divorced or to couples that do not have children from a previous marriage or union residing in the home. The generalization of the study to stepfamilies at large is also unclear, since the

study's population had a higher than average socioeconomic status and was not randomly sampled (i.e., volunteers were employed). It is possible that the sample over-represented couples within stepfamilies that are managing stress better than the general population of stepfamilies. The average reported marital adjustment in the study was relatively high, which is consistent with other samples of community-residing marital populations (e.g., Argyle & Furnham, 1983). Even so, the study's findings may not generalize to more distressed couples. Nonetheless, although the average marital adjustment was relatively high, there was still enough variability in the population to observe significant differences in the effects of marital adjustment on most dependent variables. Future studies that include a broader range of distressed and nondistressed couples may find stronger associations between the variables used in the present study, due to increased variability.

On the other hand, studies of more distressed couples may find that the use of empathic responding may not be adaptive to manage more extreme sources of marital discord. For example, it may not be adaptive for spouses of abusers to increase their use of empathic responding to manage volatile episodes of marital discord. It may be more adaptive to seek safe shelter and to discontinue the marital relationship. This speculation is consistent with process-oriented perspectives of stress and coping, which assert that particular types of coping may be effective in managing certain types of stressful situations but ineffectual in managing other types of situations. By these lights, it may be unwise to characterize **any** coping strategy as universally or cross-situationally adaptive or maladaptive, especially in the absence of empirical evidence (cf. Lazarus & Folkman, 1984). More research is needed to differentiate the conditions under which empathic responding serves a protective or adaptive function in managing stress from the

conditions under which empathic responding does not promote better adjustment to stress. Lazarus & Folkman (1984) have noted that "the goodness (efficacy, appropriateness) of a strategy is determined only by its effects in a given encounter and its effects in the long term" (p. 134).

Despite its limitations, this study is a departure from the vast majority of stepfamily studies that have generally used cross-sectional methodologies and most often examined primarily macrolevel, structural variables. Therefore, this study may represent a contribution to our understanding of microlevel, day-to-day processes of stress and coping of married couples within stepfamily contexts. Given that remarriages have a higher likelihood of ending in divorce than first marriages (White & Booth, 1995), the present study may help to illuminate coping processes that may be important in promoting relationship maintenance and in preventing marital dissolution.

The repeated measures structured-diary methodology of this study has many merits, that other methods (e.g., laboratory tasks, survey studies that involve relatively few assessments) for studying marital processes do not possess (for reviews, DeLongis & Lehman, 1989; DeLongis et al., 1992; Larson & Almeida, 1999). These include data collection in situ and enhanced ecological validity, short interval measurement that lessens retrospective biases and recall distortion, and the ability to measure variables (e.g., cognitive perceptions) that are not amenable to observational laboratory studies. Notwithstanding, the structured-diary method has its limitations. These limitations (see DeLongis et al., 1992, for a fuller discussion) include problems inherent in all studies utilizing self-report data (e.g., response bias, desire of participants to present themselves in a favorable light, language ambiguities), third variable confounds, the potential for

testing effects inherent in repeated measures approaches (e.g., boredom, sensitivity to study variables; greater self-monitoring), and the potential that daily recording may alter cognitive and behavioral activities (which is a basic assumption of clinical interventions that prescribe record keeping). Nonetheless, even if participants did increase their use of empathic responding as a result of record keeping, the study was still able to observe the effects of this increased usage, which has both theoretical and clinical implications.

Although diary studies possess the ability to examine patterns of relations between temporally ordered variables, diary studies do not afford the same degree of causal inference as carefully controlled experimental studies. Still, especially in lagged analyses of diary data, researchers are able to make more plausible arguments of causal inference than are researchers employing traditional cross-sectional self-report designs (Larson & Almeida, 1999). Another limitation of diary studies is the need to make measures sufficiently brief so that participants are not unduly taxed by the study's time demands. The data collection involved in diary studies is typically more time consuming for participants than most laboratory studies as well as most cross-sectional or widely spaced longitudinal survey studies. The present study was part of a larger data collection that involved both interview data and diary data, so the time demands for participants were a concern. Given that several brief measures were employed in the present study, future research with an array of methodologies is warranted to confirm the results of this study. Nonetheless, the results of this study stand as a preliminary attempt to elucidate interpersonal dimensions of coping and to examine interpersonal outcomes that may have significance in explicating stress adaptation. Certainly, further research is needed to replicate and extend the present study's findings.

Future Directions

This study suggests that further delineation of relationship-focused coping may be useful in advancing our knowledge of stress and coping processes in interpersonal contexts. In developing more socially comprehensive models of stress adaptation, it may be important to examine other interpersonal modes of coping that may be involved in managing stress (e.g., negotiation, methods of conflict resolution, compromise, interpersonal accommodation, and collaboration). Without a doubt, the development of standard measures of interpersonal modes of coping is strongly needed to advance the field's progress. Future coping research may also be enhanced by greater scrutiny of relational outcomes (e.g., daily closeness, daily relationship satisfaction or contentment, relational efficacy).

The present study adds to a very scant literature on the effects of empathic coping in stress adaptation. There are a number of avenues of inquiry that could be explored in future research. Greater attention to how the use of empathic responding affects the spouse or others involved in the stressful encounter may be useful to enhance understanding of the dyadic effects of empathic coping. In the present study, this was not very feasible, since the targets of empathic coping varied (spouse, children, stepchildren), and the husbands and wives did not always report the same stressor on any given day. It may be useful to examine the dyadic effects of empathic responding when couples are managing the same stressor. It may also be advantageous to widen the scope of emotions studied in relation to empathic coping. The present study only examined negative affect.

Future research about empathic coping may be enhanced by a greater consideration of positive affect as well as interpersonal emotions (e.g., love, compassion, tenderness, anger, hurt, betrayal, slight). It may be useful as well to assess the extent to which cognitive processing is altered by the use of empathic responding (e.g., attributions about partners, changes in how the situation is construed, or changes in the meaning attached to the situation [Bower, Kemeny, Taylor, & Fahey, 1998]).

It may be advantageous to examine the effects of empathic coping within more clinically distressed couples. Diary methodologies may prove useful in clinical treatment process studies. For example, if increasing empathic responding is a treatment goal in couples therapy, one could examine changes in partners' empathic responding and effects of these changes over time in marital functioning. Additionally, in the study of depression treatment for married persons, researchers could compare the effects on mood of self-focused attention (Ingram, 1990; Wood, Saltzberg, Neale, Stone, & Rachmiel, 1990) to the effects of other-focused attention (empathic responding) (Odegard, 1996). For example, Odegard (1996) has suggested that increasing recognition of how others are affected by one's depression may help persons to move away from depressive cycles propelled by self-focused attention. Alternatively, daily diaries including measurement of empathic responding and other behaviors that are targets for treatment could be utilized as a form of treatment, given that record keeping is often helpful in promoting change.

The present study is unique in its examination of within couple daily stress and relationship-focused coping processes. The results of this study suggest the utility of this approach in increasing understanding about how two partners in the same marriage adapt to stress. This cannot be accomplished by studies that analyze data separately for

husbands and wives or by studies that use multilevel analyses to control for couple dependency but do not examine within couple variation. The study's diary methodology also proved useful in elucidating differences between within-day and cross-day effects of marital adjustment and relationship-focused coping. These types of microlevel variations would not likely be detected by traditional cross-sectional designs or designs which aggregate data across timepoints or repeated measurements. Therefore, future research may benefit from a continued use of diary methodologies, which are valuable in their ability to examine naturally occurring processes and fluctuations inherent in daily stress adaptation.

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